State of Alaska
FY2003 Governor's Operating Budget

Department of Health and Social Services
Performance Measures

Contents

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Governor's Key Department-wide Performance Measures for FY2003

Measure:
The percentage of the Alaska Temporary Assistance Program (ATAP) (AS 47.27) families meeting federal work participation rates.
Sec 77(b)(1) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:
In September 2001, 43% of all Temporary Assistance families were in countable work activities and had sufficient hours to meet the federal participation rate requirements. At that time, almost 52% of Temporary Assistance families were in countable work activities but not all had enough hours of participation to count in the federal participation rate.

Benchmark Comparisons:
According to the U.S. Department of Health and Human Services Third Annual Report to Congress on the TANF program, Alaska ranks 8th nationwide for adults in employment and 7th in the average number of hours for adults in employment. No state ranked higher in both measures of success. The Fourth Annual Report to Congress will be released by Spring 2002.

Federal law requires that states meet work participation requirements:

	Federal Rate All Families	Caseload Reduction Credit	Adjusted Target Rate	Alaska Rate Achieved
FFY 1998	30%	3%	27%	42%
FFY 1999	35%	18%	17%	46%
FFY 2000	40%	29%	11%	39%
FFY 2001	45%	37%	8%	42%
FFY 2002	50%	40%	10%	

FFY 01 Rate Achieved not yet federally verified as of 10/23/01.

FFY 02 Caseload reduction credit and adjustment target rate are estimated.

Every state's federal work participation rate is adjusted by a caseload reduction credit that reflects the state's success in moving families off of assistance and into employment. In FFY 2001, Alaska's caseload reduction credit was 37%. Based on the caseload reduction credit, Alaska's work participation target was 8%. Thus Alaska more than met the adjusted federal participation requirement.

Background and Strategies:
Temporary Assistance is a work-focused program designed to help Alaskans plan for self-sufficiency and to make a successful transition from welfare to work. Federal law requires the state to meet work participation requirements. Failure to meet federal participation rates results in fiscal penalties.

As Alaska's TA caseload declines, a growing portion of the families require more intensive services just to meet minimal participation requirements. Enhancement of TA Work Services will serve to identify and address client challenges to participation.

Measure:
The percentage of providers who are participating in the Medical Assistance program by region.
Sec 78(b)(4) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:

Provider Type	Providers Licensed by State of Alaska		Providers Paid at Least Once Medicaid Claim		Percent of Participating Providers	
	FY00	FY01	FY00	FY01	FY00	FY01
Physicians**	1,287	1,282	662	650	51%	51%
Dentists	412	431	221	216	53%	50%
Pharmacies	97	115	74	81	76%	70%
Hospitals	16	16	16	16	100%	100%
Nursing Facilities	15	15	15	15	100%	100%

** The total number of unduplicated physicians who had at least one paid claim during FY01 was 815. The discrepancy between the total of 815 and the 662 licensed physicians charted above can, at least in part, be attributed to the exclusion of Indian Health Services (IHS) physicians in the Occupational Licensing database. IHS physicians are not required to be licensed by the State of Alaska.

We feel we are making progress in our goal of increasing provider participation, but are still unable to measure any success effectively.

Benchmark Comparisons:
There are no comparisons to other states.

Background and Strategies:
This is a measure of Alaska's medical assistance clients' access to medical services through the same network of medical providers available to the balance of the State's population.

The Division continues to work towards complying with this Performance Measure requirement. However, we have had some difficulties.

To provide geographical information on providers, each provider must be matched by city. Therefore, the definition of each region needs to be defined clearly and each city pointed to a region to establish a total.

In addition, provider enrollment data in MMIS has not been purged since 1979. The number of enrolled providers exceeds 8,000. A data purge would be a lengthy and expensive undertaking, and for that reason, has not been done. This means MMIS fiscal year claim payment data must be compared to Occupational Licensing data - two separate databases without comparable data parameters. For instance, a provider may have several Medicaid provider ID's, one for each rendering address, each in a different region, but only one address within the Occupational Licensing file. A further complication arises because physicians practicing in the Medicaid program through the Indian Health Services need not be licensed with the State of Alaska and will not be included in the Occupational Licensing database.

It is also extremely difficult to identify unduplicated providers within a region and match them with comparable claims paid data. For example, a physician licensed to practice in the State of Alaska may do so through several different facilities in several different regions.

The division will continue to define and refine its methodology to respond to this measure in the most effective way possible.

Measure:
The percentage of legitimate reports of harm that are investigated.
Sec 79(b)(8) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:

The target for this measure is 100 percent of all legitimate reports of harm will be investigated.

FY1997	73.6 percent
FY1998	77.3 percent
FY1999	78.1 percent
FY2000	88.8 percent
FY2001	90.7 percent

Benchmark Comparisons:
There is no national standard.

Background and Strategies:
Background
Reports of harm are prioritized according to the immediate or potential risk of harm to the child. A priority 1 rating is the most serious and must be responded to within 24 hours from the time the Division receives the report. Priority 2 reports of harm must be responded to within 72 hours of receipt of the report. Priority 3 reports are considered low risk and must be responded to within one week of receiving the report.

Not enough staff seriously affects the Division's ability to respond to all legitimate reports of harm. More staff is needed to reduce caseloads.

Strategies
- *More efficient work processes are needed*. The division is working on a new MIS system.

- *Increase the use of non-profit providers to respond to reports of harm.* The Division will continue the Early Intervention for Family Support or Dual Track grant program. The program provides funding to a partner agency to perform intervention and follow-up work for cases that DFYS has assessed as low risk. This program will enable social workers more time to investigate higher priority reports of harm.

- *Improvements in worker and supervisor training continue*. Workers receive training prior to being assigned cases, and then receive specialized and advanced training annually. In FY2001 the Family Services Training Academy delivered 44 training session, representing 252 days of in-service training to DFYS workers. Trained workers are necessary to respond to reports of harm.

- *Implementation of Transcription Services.* Transcription Services, a telephone dictation service, allows social workers to maintain current, accurate case files without increasing the need for internal clerical support. The Division anticipates that workers using the service spend on average 7.5 hours per week less completing paperwork.

Measure:
The rate of recidivism of youth in the juvenile justice system by region and by race.
Sec 80(b)(4) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:
The following table reflects the rate of recidivism of youth in the juvenile justice system by region and by race.

Division of Juvenile Justice
Institutional Recidivism By Region
FY2001

Facility	Baseline*	%	#
Bethel Youth Facility	70%	75%	8
Fairbanks Youth Facility	65%	32%	19

Johnson Youth Center**	NA	NA	NA
McLaughlin Youth Facility	47%	59%	106
Total	65%	56%	133

*The baseline for youth facilities was established by averaging the rates of recidivism for each facility. For McLaughlin Youth Center there is more than ten years of data available. For all of the other facilities there is less data and comparisons should be viewed with caution. Additionally there are wide variations from year to year with McLaughlin data and the overall trend is more significant than any one year of data.

The target for the facilities is to maintain or decrease recidivism from the established baseline which was established at a re-offense rate of 65% in FY 2000 for all DJJ facilities.

**The treatment unit at Johnson Youth Center opened April 1999 and did not release youth until FY2000.

Division of Juvenile Justice
Institutional Recidivism By Race
FY2001

Race	%	#
Caucasian	50%	78
African American	69%	13
Native American	66%	32
Asian/Pacific Islander	40%	5
Unknown	80%	5
Total	56%	133

These percentages should be interpreted with caution as they are based on a small number of occurrences. No statistically significant differences exists in the rate of recidivism by race.

The benchmark for this measure is a re-offense rate of 65%. This was the Alaska statewide average re-offense rate in FY2000.

The Division of Juvenile Justice engaged in a series of involved internal discussions on re-offense measures before establishing the criteria used to produce this performance measure. Setting the benchmark to trigger the re-offense count at the point of conviction or subsequent adjudication eliminated those contacts with law enforcement which were dismissed or never pursued by the prosecutor. The established benchmark also excluded minor violations such as fish and game and traffic offenses which are not necessarily always indicative of criminal behavior. The two-year time frame set a stringent standard for the Division, but with this time frame as the benchmark, the Division felt the measure was a reliable indicator as to the effectiveness of the Division's efforts to positively impact the non-re-offense rates by those who went through our programs. There is no single, nationally accepted re-offense standard or definition. Jurisdictions around the country vary widely in the way they measure re-offense data. Alaska's definition and re-offense outcome measure was structured in a fashion which the Division believes strikes a balance between what we believe can be reasonably measured while assessing criteria which give the Division, the Legislature and the public a meaningful measure to assess the effectiveness of the Division's programs and services.

Background and Strategies:
This measure consists of the re-offense rates of youth who have been released from a Juvenile Justice long-term treatment facility. A recidivist is a youth who, within 24 months of release from a long-term treatment facility, has obtained either: a new juvenile institutional order or, a new juvenile adjudication or an adult conviction.

Measure:
The percentage of two-year-old children in the state who are fully immunized.
Sec 81(b)(1) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:
The percentage of fully immunized 2-year-olds for calendar year 2000 was 77%. 69% were immunized by the end of 1996.

Background and Strategies:

In 1997, the Department launched a major initiative to increase the rate of fully immunized two-year-olds. In three years, we have jumped up 20 positions, going from 48th to 28th in national rankings. Now, over 75% of our two-year-old children have received their recommended vaccines. Alaska's comprehensive public-private initiative to increase childhood immunization rates will be extended through 2002 to achieve the highest possible immunization rates and to assure that Alaska children in school and daycare will have all required immunizations by the fall of 2002. The Department successfully implemented the new daycare and school immunization requirements in the fall of 2001, vaccinating all school children against hepatitis A and hepatitis B and all daycare attendees against hemophilus influenza type b and chickenpox.

Measure:
The rate of tuberculosis cases by race and region.
Sec 81(b)(3) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:
The rate of tuberculosis cases by race and region.

Region	FY 2000 Rate per 100,000 Population	Cases
Anchorage/Mat-Su	11.7	37
Gulf Coast	6.8	5
Interior	7.1	7
Northern	76.3	18
Southeast	4.1	3
Southwest	98.8	38
TOTAL	**17.4**	**108**

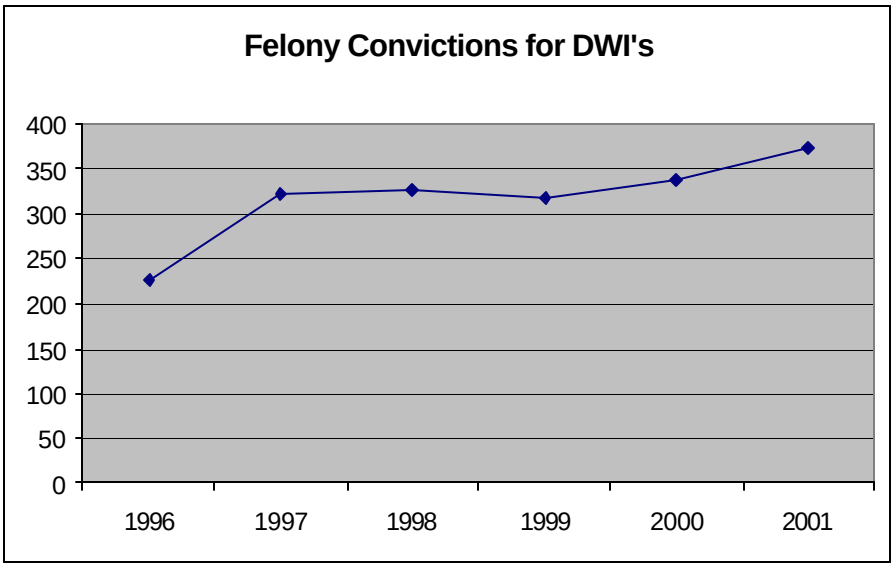
Race for 108 cases – 11 white; 9 black; 71 Alaska Native; 17 Asian or Pacific Islander

Benchmark Comparisons:
1996 Alaska TB rate = 16.0/100,000 population

Background and Strategies:
Tuberculosis has been a long-standing problem in Alaska and was the cause of death for 46% of all Alaskans who died in 1946. Major efforts, which included 10% of the entire state budget in 1946, led to one of the state's most visible public health successes-major reductions in TB across the state. Now this disease is reemerging and with it the threat of treatment-resistant strains of the disease. Inadequate resources to monitor and educate those most at risk have resulted in outbreaks in three geographic areas this past year. Significant new resources are needed to do the case finding, diagnostic tests and treatment follow-up required to keep the disease in check.

Measure:
The number of new convictions and the number of repeat convictions in state district and superior courts on charges of driving while intoxicated (DWI).
Sec 82(b)(3) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:
Felony DWI cases (repeat offenders) showed a slight decrease since 1997. For 1997 and 1998 convictions were 322 and 326 respectively. Convictions for 1999 were 317; for 2000, 337; and for 2001, 373.



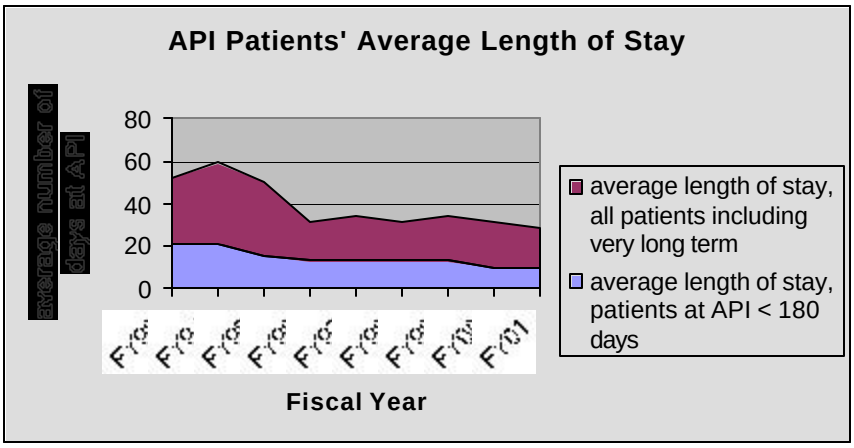
Background and Strategies:
Driving while under the influence of alcohol (DWI) is one of the strongest indicators of the negative consequences associated with alcohol misuse. Recent DWI data for shows that approximately 45 - 48 percent of all automobile accident fatalities had alcohol or drugs as the major contributing factor. Driving while under the influence of alcohol impacts lives, not only in accidents, injuries, and deaths, but also in family suffering, employment problems, and social functioning.

DWI conviction data are collected and maintained by the State of Alaska Court System. Felony DWI data are included as a separate conviction category in regularly published reports. Misdemeanor DWI conviction data (which includes most first time offenses), however, are included with other misdemeanor traffic violations. To improve the measurement of this indicator misdemeanor DWI data should be collected as a separate category.

There are many variables that have an impact on a reduction in the number of DWI convictions, including enforcement efforts and prosecutor caseloads. However, we know that reductions in DWI also correlate with successful prevention efforts, particularly in terms of public awareness of the consequences of DWI. Other strategies used by the Division include but are not limited to: distribution of useful and effective information to targeted populations; identification of people with problems as early as possible and referral for appropriate services; improvement of interdisciplinary coordination and collaboration at local, regional and statewide levels.

Measure:
The average length of stay at the Alaska Psychiatric Institute.
Sec 83(b)(5) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:
Significant data has been compiled on API over the past few years, as a part of the evaluation of the federally funded Community Mental Health/API Replacement Project. As a result, it has become clear that community mental health providers would prefer that API be able to retain patients experiencing chronic mental illnesses for longer periods of time, so that the patients were more adequately or fully stabilized prior to their discharge back to their community and the community mental health center (CMHC) program with which they are associated. These providers would clearly prefer an average length of stay (ALOS) of more than 10 days.



API's ALOS for FY01 was 10 days for persons at API with stays of 180 days of less. When you include all persons being treated at API, including those with stays in excess of 180 days, the ALOS rises to 19 days. However, the number of persons at API with stays over 180 days totaled just 34, so it is clear that an ALOS of 10 days applies to the vast majority of the 1,544 patients admitted to API in FY01.

In FY01, API length of stay (LOS) data shows the following:

29% of all persons admitted were discharged from API within one day.
21% were discharged within two or three days
22% were discharged within four to 12 days
18% were discharged within 13 to 30 days
7% were discharged within 31 to 60 days
3% were discharged after 60 days.

Thus, 50% of all persons admitted to API were discharged within 3 days, many of whom were first time admits with substance abuse as well as acute psychiatric concerns at the time of admission.

Another 22% were discharged within 12 days. Hospitalizations of under two weeks are viewed as inadequate for some patients with chronic mental illnesses. From a CMHC's perspective, short stays not only fail to provide sufficient treatment time but also do not allow for adequate discharge planning between API, the patient, and the community provider.

At this time, while local capacity for hospitalization of persons experiencing a mental health crisis is in fact increasing in certain parts of the State (specifically in Juneau and Fairbanks), without similar local capacity in private, community hospitals in Anchorage (the major source of API admissions - 72% in FY01), we believe API's length of stay will continue near what it was in FY01.

Benchmark Comparisons:
There is not good data on lengths of stay at other public psychiatric hospitals across the country. While a national database containing such data is presently under development, through the auspices of the National Association of State Mental Health Program Director's Research Institute (or NRI), NRI has yet to produce ALOS data for State psychiatric hospitals. The vast majority of public psychiatric hospitals in the nation are reporting a variety of performance measurement data to NRI, but lengths of stay is not yet one of the performance areas that the NRI is measuring. It may be possible over the next year to seek this information from NRI, but determinations as to data reports are controlled by the mental health commissioners/directors of the 50 states, so it does take some time to get agreement on new initiatives. However, we know the NRI databank already has the necessary data points to calculate individual hospital average lengths of stay, so it might not be too difficult to get such information in the near future.

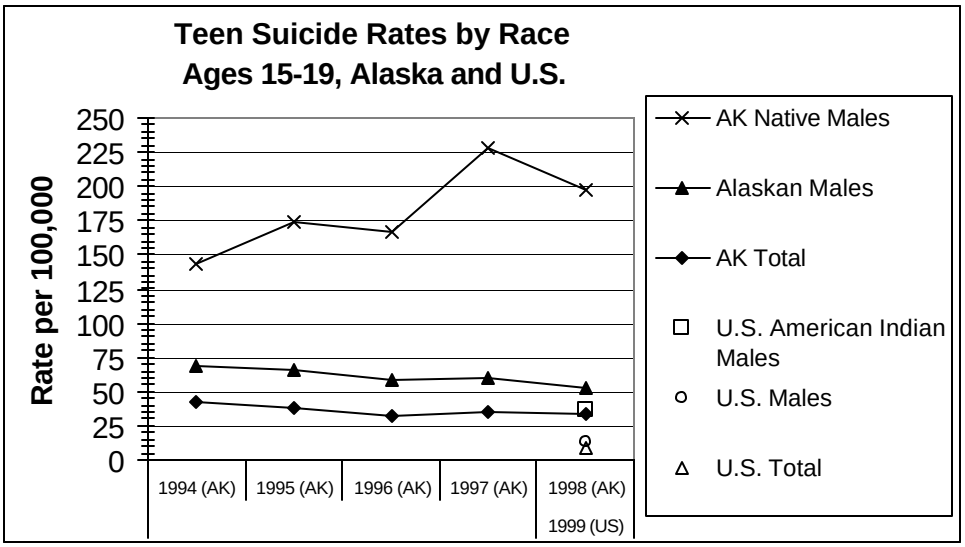
Finally, we are also well aware that API's very short ALOS is ***highly unusual*** for a state psychiatric hospital. The majority of public psychiatric hospitals do not accept emergency admissions, as API does 24/7. Most state hospitals only accept admissions during the day and during the normal business week.

Background and Strategies:

The Community Mental Health/API Replacement Project was specifically designed to meet the long-term goal of converting API to a secondary or tertiary care facility. The project is presently entering its third year. Its strategy is to create or enhance existing community mental health services in the Anchorage area, thereby reducing admission pressure at API. This approach over time should reduce the use of API for mental health crises. Reducing the number of emergency admissions provides opportunities for more individualized patient care while creating the ability to work more closely with community mental health centers and their/our patients in a treatment program that maximizes a recovery approach to treatment.

Measure:
Decrease teen suicide rate (per 100,000 aged 15-19 years).

Alaska's Target & Progress:



Source: Alaska Bureau of Vital Statistics and National Center for Health Statistics. Data for Alaska is based on a 3-year average with the years indicated at the bottom of the chart representing the middle year of each three-year period.

- The overall teen suicide rate declined in Alaska by over 23%, from a three-year average of 43.1 per 100,000 in 1993-1995 to 33.0 per 100,000 in 1997-1999. Nevertheless, Alaska's teen suicide rate for 1997-1999 was four times the national teen suicide rate for 1999.
- The male teen suicide rate in Alaska declined by 23.4%, from 68.7 in 1993-1995 to 52.6 in 1997-1999. Alaska's average suicide rate for male teens for the three-year period 1997-1999 was nearly four times the national rate of 13.9 (for 1999).
- The suicide rate of male Alaska Native teens for the period 1997-1999 was 197.5, which was 5.4 times that of the group with the highest suicide rate reported nationally in 1999 (male American Indian teens).
- The suicide rate of male Alaska Native teens climbed by 38.8% from 1993-1995 to 1997-1999. There were at least 43 suicides by Alaska Native teens in any consecutive three-year period between 1993 and 1999, resulting in suicide rates ranging from 142.6 per 100,000 (1993-1995) to 227.8 per 100,000 (1996-1998).

Benchmark Comparisons:
For 1996 the Alaska total teen (age 15-19) suicide rate was 38.3 per 100,000 teen population.

Background and Strategies:

Teen suicide continues to be a major concern in Alaska, being nearly four times the U.S. rate of 9.5 per 100,000 (the level for Alaskans of all ages is 23.7 in 1998, about twice the U.S. rate of 10.3). Numerous activities at the state and local level over the past several years have been directed specifically to identifying youth at risk and providing the individual and group education and intervention needed to help prevent/reduce teen suicides. The Department will participate in the newly established Suicide Prevention Council which is charged with developing a strategy to address suicide in Alaska.

Public Assistance Budget Request Unit

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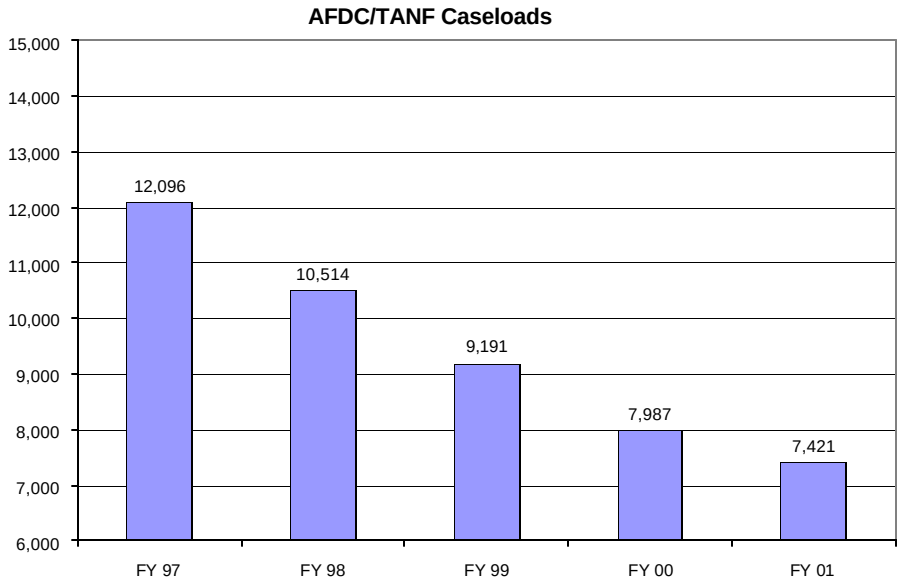
Key Performance Measures for FY2003

Measure:
Welfare to Work - Welfare Caseload (Governor's Indicator)

Alaska's Target & Progress:
Temporary Assistance for Needy Families (TANF) Caseload

The Average Monthly AFDC/TANF Caseloads by Fiscal Year for FY1997 through FY2001 are as follows:



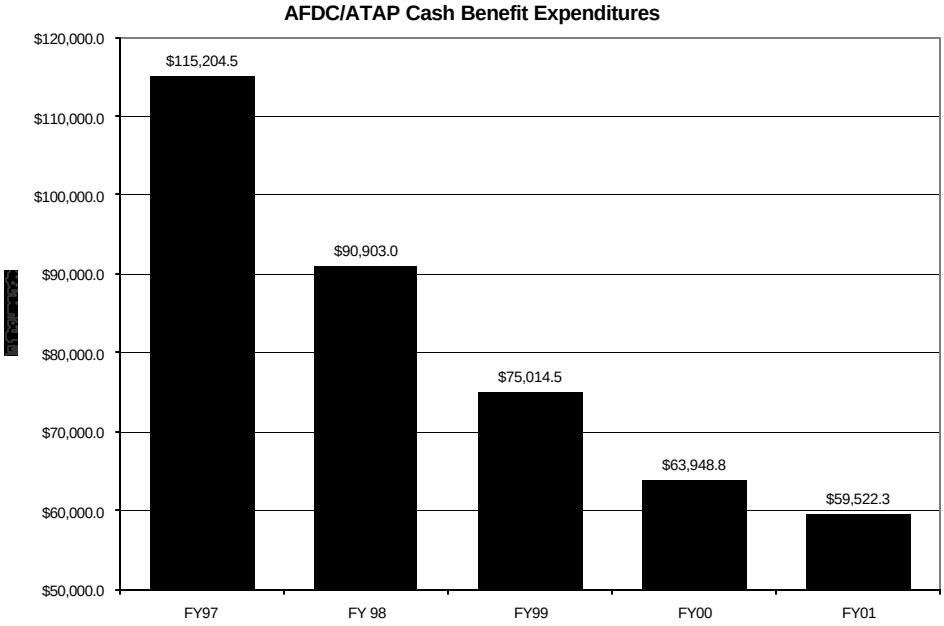
Four years of welfare reform in Alaska have brought some remarkable achievements. The average caseload for FY2001 was 39% below FY1997, the year before welfare reform was implemented. In FY2001 the average monthly number of TANF cases receiving cash assistance was 7,421 or 4,675 fewer cases than the FY1997 AFDC caseload level of 12,096.

Background and Strategies:
This indicator measures changes in the size of the AFDC caseload prior to July, 1997 and the Temporary Assistance for Needy Families (TANF) caseload after that date. The TANF caseload includes the Alaska Temporary Assistance Program and the Native Family Assistance Programs administered by Tanana Chiefs Conference, Association of Village Council Presidents and Central Council of Tlingit & Haida . Due to differences in reporting methods between the AFDC and the TANF programs, consistent and comparable numbers are not available for any levels lower than the division region level. Caseload data is available at the community and census area level for the Alaska Temporary Assistance Program beginning in October, 1997

Measure:
Welfare - Savings to State (Governor's Indicator)

Alaska's Target & Progress:
Temporary Assistance for Needy Families (TANF) Cash Benefit Expenditures:

The Total AFDC/TANF Cash Benefit Expenditures by Fiscal Year FY1997 through FY2001 are as follows:



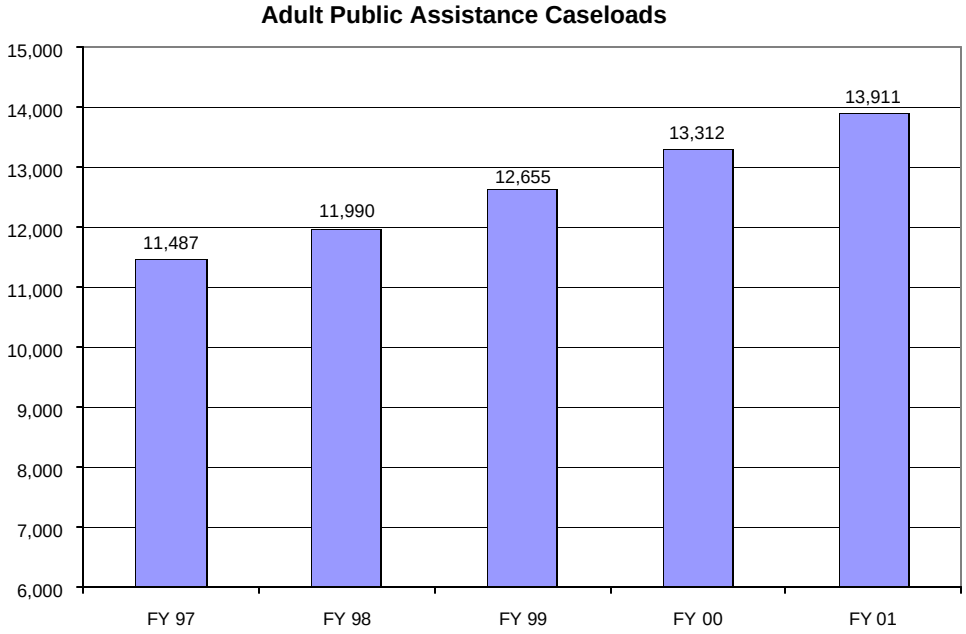
Spending on welfare payments to recipients continues to decline. In FY2001 cash benefits expenditures declined to $59.5 million, a 48% decline from the $115.2 million spent in FY1997, the year before welfare reform took effect.

Background and Strategies:
This indicator measures the decline over recent years in the total cash benefit amount paid to families under the prior AFDC program and the TANF programs. It includes benefit expenditures paid by the Native Family Assistance Program. The measure reflects both caseload decline and the reduced monthly benefit amounts received by families due to increased earnings and other changes in policy.

Some of the savings from reduced monthly benefit expenditures have allowed federal TANF dollars to be used for a variety of purposes which save state general fund dollars: Child Care, Head Start programs, and child protection services. Saved state and federal funds have also been reinvested into efforts to prepare more recipients for work.

Measure:
Adult Public Assistance (APA) Caseload (Governor's Indicator)

Alaska's Target & Progress:
The Average Monthly APA Caseloads by Fiscal Year FY1996 through FY2001 are as follows:



The number of elderly and disabled Alaskans who rely on the APA program to meet basic needs has steadily increased, a trend that is expected to continue. The FY2001 average monthly APA caseload was 13,911, up 4.5% compared to FY2000.

Background and Strategies:
This indicator measures the growth in the Adult Public Assistance program which serves very needy elderly, blind and disabled Alaskans. The growth in this program mirrors conditions nationwide and can be attributed to a combination of earlier identification and treatment of disabilities, and increased longevity. The caseload size of the program is sustained by the long-term nature of the needs of these recipients.

BRU/Component: Medicaid Services

(There is only one component in this BRU. To reduce duplicate information, we did not print a separate BRU section.)

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Key Performance Measures for FY2003

Measure:
The percentage of claims with no errors categorized by the type of provider.
Sec 78(b)(2) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:

Provider Type	Percentage of "Clean Claims"
Pharmacies	80.23%
Dentists	72.96%
Nursing Facilities	69.75%
Physicians	69.01%
Hospitals	57.45%
All Providers	**72.64%**

The percentage of error-free claims reported for FY00 was 73.54%. Only two provider categories reported decreased percentages: physicians and dentists -- both had a less than 1% change from last year.

Benchmark Comparisons:
The division has requested comparable information from other states, but has not yet received responses to those requests.

Background and Strategies:
This is a measure of the providers ability to file error-free claims which reduces the time and effort required to process claims. Those provider types experiencing more problems filing error-free claims are targeted for additional training. We assume that providers who do not experience problems in getting claims paid are much more likely to continue participating in the Medicaid Program.

Measure:
The percentage of the providers who are participating in the medical assistance program by region.
Sec 78(b)(4) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:

Provider Type	Providers Licensed by State of Alaska		Providers Paid at Least Once Medicaid Claim		Percent of Participating Providers	
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It is also extremely difficult to identify unduplicated providers within a region and match them with comparable claims paid data. For example, a physician licensed to practice in the State of Alaska may do so through several different facilities in several different regions.

The division will continue to define and refine its methodology to respond to this measure in the most effective way possible.

BRU/Component: Catastrophic and Chronic Illness Assistance (AS 47.08)

(There is only one component in this BRU. To reduce duplicate information, we did not print a separate BRU section.)

Contact: Janet Clarke, Director, Administrative Services
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Key Performance Measures for FY2003

Measure:
Please refer to Medical Assistance BRU Performance Measures.

Public Assistance Administration Budget Request Unit

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Federal law requires that states meet work participation requirements:

	Federal Rate All Families	Caseload Reduction Credit	Adjusted Target Rate	Alaska Rate Achieved
FFY 1998	30%	3%	27%	42%
FFY 1999	35%	18%	17%	46%
FFY 2000	40%	29%	11%	39%
FFY 2001	45%	37%	8%	42%
FFY 2002	50%	40%	10%	

FFY 01 Rate Achieved not yet federally verified as of 10/23/01.

FFY 02 Caseload reduction credit and adjustment target rate are estimated.

Every state's federal work participation rate is adjusted by a caseload reduction credit that reflects the state's success in moving families off of assistance and into employment. In FFY 2001, Alaska's caseload reduction credit was 37%. Based on the caseload reduction credit, Alaska's work participation target was 8%. Thus Alaska more than met the adjusted federal participation requirement.

Background and Strategies:
Temporary Assistance is a work-focused program designed to help Alaskans plan for self-sufficiency and to make a successful transition from welfare to work. Federal law requires the state to meet work participation requirements. Failure to meet federal participation rates results in fiscal penalties.

As Alaska's TA caseload declines, a growing portion of the families require more intensive services just to meet minimal participation requirements. Enhancement of TA Work Services will serve to identify and address client challenges to participation.

Measure:
Rate of job retention among adults receiving Temporary Assistance by region.
Sec 77(b)(2) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:
The rate of job retention for Temporary Assistance recipients statewide was 80% in FFY00 and FFY01. The method used to measure job retention mirrors that required by the federal government for the TANF High Performance Bonus,

using quarterly data from the Alaska Department of Labor.

Rate of Job Retention by region:

Central	80%
Coastal	80%
Southeast	79%
Northern	79%

The DPA goal for job retention by Temporary Assistance recipients in FFY02-03 is 80%.

Job retention is measured for a period of 12 months and the recipient must be working in each quarter during the 12 month period.

Background and Strategies:
Job retention enables families to reduce or eliminate dependency on welfare. Case management, supportive services and child care payments are important services which help to improve job retention.

Most often, those Temporary Assistance adults who have the best ability to retain employment are the most likely to leave the caseload. As the caseload declines, those adults with more significant barriers to employment make up a higher percentage of the caseload. Therefore, with a declining caseload it is increasingly difficult to maintain high job retention percentages.

Measure:
Percentage of ATAP adults who have left assistance because they become employed who are receiving day care assistance.
Sec 77(b)(3) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:
In FY01, an average of 1,006 children in 595 families received PASS II child care.
100% of the families requesting PASS II receive the assistance.

Background and Strategies:
In FY02, all families who leave Temporary Assistance for employment will continue to be guaranteed one year of transitional child care if they need it.

Working families who have left Temporary Assistance are guaranteed one year of transitional child care (PASS II) if they need it. This program is administered by the Department of Education and Early Development. This measure indicates usage of child care assistance by Temporary Assistance clients who have worked their way off welfare. Some Temporary Assistance families will leave the program with employment without requiring child care.

Measure:
The percentage of adults receiving temporary assistance who have earned income.
Sec 77(b)(4) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:
The percentage of Temporary Assistance adults with earned income was 31% in September 2001.

The percentage of families leaving Temporary Assistance who reported earnings when they left was 38% in September 2001.

Goal for FY02-03 is 45% of Temporary Assistance adults with earned income, and 45% of case closures with reported earned income.

Background and Strategies:

This is a measure of current Temporary Assistance recipients who have earned income. As the caseload declines, those adults with more significant barriers to employment make up a higher percentage of the caseload. Therefore, with a declining caseload, it becomes more difficult to achieve higher percentages of recipients with earned income. The goal of the division's welfare-to-work effort is to move families off assistance and into a job that pays well enough for the family to be self-sufficient. Case management, supportive services, child care and other services are critical to the success of this effort.

Measure:
The rate of payment accuracy for ATAP payments & Food Stamps.
Sec 77(b)(5) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:
Temporary Assistance payment accuracy rate was 96% in FFY01.

In FFY 98, FFY 99 and FFY00 the Food Stamp accuracy rate was 88%, 84%, and 93% respectively. Food Stamp state-calculated payment accuracy rate was 91% for FFY01 as of 10/22/01. FFY01's federally-calculated payment accuracy rate will be available April 2002.

The goal for FY02-03 is 94% accuracy in Food Stamps and 98% accuracy in Temporary Assistance.

Benchmark Comparisons:
The US Department of Agriculture determines acceptable performance for Food Stamp payment accuracy for all states by using a national average after the end of the federal fiscal year (September). States with accuracy rates worse than the national average can receive fiscal penalties. The national average for FFY01 is anticipated to be approximately 90%. In FFY 01 the state calculated Food Stamp accuracy rate was 91%. USDA publishes the national average in the spring each year.

Background and Strategies:
Accurate benefits ensure clients have the amount of benefits to which they are entitled. Fluctuating benefits cause budget issues for clients and impact their ability to gain self-sufficiency. The Quality Assessment Reviews evaluate payment accuracy using statistically valid desk reviews.

The failing accuracy rates in FY98 and FY99 were due in large part to the dramatic changes caused by the implementation of welfare reform. Through a settlement with USDA, the Division reinvested a portion of the penalty in a program to improve the rate which resulted in remarkable success during FFY00.

Medical Assistance Administration Budget Request Unit

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Key Performance Measures for FY2003

Measure:
The average time the division takes from receiving a claim to paying it.
Sec 78(b)(1) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:
During the last half of FY01, it took an average of 11.08 days to pay claims.

Benchmark Comparisons:
Federal regulation requires that 90% of all clean claims received must be paid within 30 days, and 99% of all clean claims received must be paid within 90 days (42 CFR 447.45 Time of Claims Payment).

Background and Strategies:
The assumption is that the timely payment of medical claims gives providers incentive to participate in the Medicaid Program. Therefore, the legislature and the division are interested in a measure of how timely the division responds to or pays claims.

Measure:
The percentage of total funds that are used to pay claims compared to the percent used for administration of the division.
Sec 78(b)(3) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:

	Current Year (FY01)	Previous Year (FY00)
Claims Payments	96.7%	96.3%
Division Administrative Costs	3.3%	3.7%

Benchmark Comparisons:
The HCFA publication "Medicaid Statistics Program and Financial Statistics Fiscal Year 1998", the most recent statistical information available, reports a 4.13% administrative cost versus a 95.87% for program payments. The source documented is the HCFA 64.

Background and Strategies:
This is a fiscal measure of the State's administrative overhead necessary to support the medical assistance programs.

Purchased Services Budget Request Unit

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Key Performance Measures for FY2003

Measure:
The number of children substantiated as abused or neglected and the number of children unconfirmed as abused or neglected by region.
Sec 79(b)(1) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:
1) The number of children substantiated as abused or neglected:

FY1997	3,267 of 7,563 (43.2%) children substantiated as abused or neglected
FY1998	3,690 of 8,128 (45.4%) children substantiated as abused or neglected
FY1999	3,568 of 7,592 (47.0%) children substantiated as abused or neglected
FY2000	3,266 of 6,598 (49.5%) children substantiated as abused or neglected
FY2001	4,122 of 8,865 (46.5%) children substantiated as abused or neglected

The recommended baseline year is FY1997.

2) The number of children substantiated as abused or neglected by region:

FY2001	
Anchorage Region	1,338 of 3,249 children
Southcentral Region	1,232 of 2,335 children
Northern Region	1,246 of 2,361 children
Southeast Region	306 of 920 children
FY2001 Total	4,122 of 8,865 children

3) The number of children unconfirmed as abused or neglected by region:

FY2001	
Anchorage Region	1,700 of 3,249 children
Southcentral Region	908 of 2,335 children
Northern Region	879 of 2,361 children
Southeast Region	448 of 920 children
FY2001 Total	3,935 of 8,865 children

Background and Strategies:
Workers conclude every assigned investigation with a determination that the report of harm was substantiated, unconfirmed, or invalid. A substantiated report of harm is one where the available facts indicate a child has suffered harm as a result of abuse or neglect as defined by AS 47.10.011. An unconfirmed report of harm is one where, based on the available facts, the worker is unable to determine if a child has suffered harm as a result of abuse or neglect. An invalid report is one where there are no facts to support the allegation that a child has suffered abuse or neglect.

This measure is also required for the Federal Review. The Federal Review is conducted by the U.S. Department of Health and Human Services, which is authorized by the 1994 amendments to the Social Security Act to review every State's child and family service programs in order to ensure substantial conformity with the State plan requirements in titles IV-B and IV-E of the Social Security Act. The Federal Review assesses the State's conformity in providing child protection services, foster care, adoption, family preservation and family support, and independent living services.

The Federal Review measure most related to this State measure is *Disposition of Child Abuse and Neglect Reports*. This measure is based on the disposition or finding of any child who was the subject of an investigation in a particular

report, and includes the number and percentages of reports and of children. The division recommends that the same measure for the Federal Review be used for this State measure in the future.

- *Increase the division's ability to respond to reports of harm.* By responding to all legitimate reports of harm, even reports which represent "lower levels of risk" to a child, children are safer, and families are provided an opportunity to remedy the situation sooner. The Early Intervention for Family Support or Dual Track grant program is one example of reaching at-risk children and families sooner and diverting them from state custody. Community grant programs receive referrals from the division of children and families that present "lower levels of risk". It also enables social workers have more time to investigate higher priority reports of harm.

- *Implementation of Child Advocacy Centers.* These centers help create specialized teams to investigate abuse and neglect, which targets workers time and energy on the cases that need the most time.

Measure:
The incidence of child abuse or neglect in foster care.
Sec 79(b)(2) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:
The Division's target is zero incidences of child abuse or neglect in foster care.

Review of the preliminary data indicated that the data was not reliable. The Division is continuing to analyze and collect this data.

Background and Strategies:
The Federal Review also includes this same measure. It is defined as follows: Of all children who were served in foster care during the reporting period, what percentage was the subject of substantiated or indicated (unconfirmed in Alaska) maltreatment by a foster parent or facility staff? Both the percentage and total number of children are provided. This group also includes relatives who are caring for children in state custody.

The only way to obtain this information in Alaska is to complete a file review. We are currently conducting this file review and will have information available for this measure by December 1, 2001.

- *Continue the APSIN Flag program.* This program is a collaborative, on-going effort between the Department of Public Safety and the Division of Family and Youth Services. All licensed caregivers are entered into APSIN and if there is ever a police response to the home, the division is immediately notified.

- *Provide Foster Parents and Relative CareGivers the support and information they may need.* Essential to meeting this strategy is a effective training program for caregivers. The division offers training to all licensed caregivers and tracks the amount of training each foster parent receives annually.

Measure:
The length of time in state custody before achieving adoption.
Sec 79(b)(4) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:
The target for this measure is 6 months from termination of parental rights.

FY1997	17.4 months
FY1998	19.8 months
FY1999	14.5 months
FY2000	15.1 months
FY2001	12.0 months

The recommended baseline is FY1997.

Background and Strategies:

This measures the length of time in months to achieve adoption from the point in time when both parents' rights have been terminated or when they relinquish their rights to the point in time when the adoption is final.

- *Continue Project Succeed and the Adoption Placement Program (Balloon Project).* To reduce the length of time in state custody before achieving permanent placement the Department has dedicated resources and implemented initiatives including Project SUCCEED and the Balloon Project to move children waiting in the system to a permanent home. The Balloon Project workers focus on the "transition list" of children who have been in custody the longest.

- *Promote the Alaska Adoption Exchange.* The Alaska Adoption Exchange promotes earlier identification of children in the system waiting for permanent homes and potential families wanting them. The Exchange also lists potential adoptive families who are considered for placements of special needs children. This also includes children who are not legally free but have termination of parental rights planned and the Division has court approval to register them on the Exchange.

- *Provide training for adoptive parents with special needs children.* Provide training for adoptive parents of special needs children to develop the skills they need to successfully deal with the special needs of their adoptive children.

- *Implement SNAP, the Simple New Adoption Process.* SNAP, an adoption re-engineering process, will help speed up and streamline the adoption process. SNAP will simplify adoption approval, use technology to expedite the process, and create a team with the Guardian Ad Litem and the Attorney General's office to prepare for termination of parental rights.

- *Continue the Homestudy Project.* The Homestudy Project focus is on completing homestudies for children who are in custody but not yet legally free for adoption. The project prepares the family for the adoption so that when the child is legally free, the adoption can be pursued quickly.

Measure:
The average length of time in state custody before achieving reunification.
Sec 79(b)(5) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:
The target for this measure is to maintain FY2001 timeframe of 9.6 months..

FY1999	9.3 months
FY2000	9.9 months
FY2001	9.6 months

Benchmark Comparisons:
The Federal Review has a related measure that is a comparison across States. The measure is defined as follows: Of all children who were reunified with their parents or caretakers at the time of discharge from foster care, what percentage was reunified in less than 12 months from the time of the latest removal from home. The division recommends that the same measure for the Federal Review be used for this State measure in the future. It is crucial that proposed actions to establish family visitation centers to maintain this timeframe or even to improve the current time frame.

Background and Strategies:
Many factors contribute to when reunification can or should occur. Workers consider progress and change on the part of the family members in remedying the situation that caused the child to be removed when considering reunification. A premature reunification can lead a child back into custody and placement outside of his or her home, so it is important that the timing is right for the family. Likewise, a delay in reunification can lead to frustration and a loss of any progress made by the parents or family members.

- *Continue Family Support Services.* The Division provides family support services to the child and to the parents to enable the safe return of the child to the family home. Family services include counseling, substance abuse treatment, mental health services, assistance to address domestic violence, visitation with family members, parenting classes, in-home services, temporary child care services, and transportation.

- *Support Child and Family Visitation Centers.* The Division is requesting funding to support family visitation centers. These centers help maintain critical links while parent and child are separated.

Measure:
The number of child-days that foster homes were found to be beyond license capacity by location.
Sec 79(b)(7) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:
The target for this measure is 0 child-days.

In FY2001 only one foster home was beyond license capacity:

Anchorage: 1 foster home beyond capacity for 9 days

The recommended baseline year is FY2001.

Background and Strategies:
Licensing requirements specify no more than two children in each foster home is allowed. However, there are instances where variance or exemptions are made to this requirement. It mostly occurs when groups of siblings are placed together. Any licensed foster home with more than two children receives special variance or exemption.

There is no related measurement for the Federal Review, although, the Review will look for instances where siblings are not placed together. There should be well-documented reasons for not placing siblings together.

- *Continue Foster A Future campaign.* The "Foster A Future" media campaign was developed with emphasis on recruiting foster parents statewide, in collaboration with community agencies and tribal organizations, churches, children's conference organizers, and foster parent support groups.

Measure:
Children awaiting permanent placement for 2 years or more. (Governor's Indicator)

Alaska's Target & Progress:
The target for this measure is no child waits 2 years or more for a permanent placement.

In FY2001 there were 506 of 1,795 children (31.2 %) in custody waiting for a permanent placement 2 years or longer.

Background and Strategies:
The Federal Review has a related measure that is defined as follows: Median length of stay in foster care. The division is working on developing this data and it will be available by the end of January 2002. If the division is successful in gathering valid data, it is recommended that the federal measure be used for the State measure in the future.

- *Continue Project Succeed and the Adoption Placement Program (Balloon Project).* To reduce the length of time in state custody before achieving permanent placement the Department has dedicated resources and implemented initiatives including Project SUCCEED and the Balloon Project to move children waiting in the system to a permanent home. The Balloon Project workers focus on the "transition list" of children who have been in custody the longest.

- *Promote the Alaska Adoption Exchange.* The Alaska Adoption Exchange promotes earlier identification of children in the system waiting for permanent homes and potential families wanting them. The Exchange also lists potential adoptive families who are considered for placements of special needs children. This also includes

children who are not legally free but have termination of parental rights planned and the Division has court approval to register them on the Exchange.

- *Provide training for adoptive parents with special needs children.* Provide training for adoptive parents of special needs children to develop the skills they need to successfully deal with the special needs of their adoptive children.

- *Implement SNAP, the Simple New Adoption Process.* SNAP, an adoption re-engineering process, will help speed up and streamline the adoption process. SNAP will simplify adoption approval, use technology to expedite the process, and create a team with the Guardian Ad Litem and the Attorney General's office to prepare for termination of parental rights.

- *Continue the Homestudy Project.* The Homestudy Project focus is on completing homestudies for children who are in custody but not yet legally free for adoption. The project prepares the family for the adoption so that when the child is legally free, the adoption can be pursued quickly.

- *Continue Family Support Services.* The Division provides family support services to the child and to the parents to enable the safe return of the child to the family home. Family services include counseling, substance abuse treatment, mental health services, assistance to address domestic violence, visitation with family members, parenting classes, in-home services, temporary child care services, and transportation.

- *Support Child and Family Visitation Centers.* The Division is requesting funding to support family visitation centers. These centers help maintain critical links while parent and child are separated.

Family and Youth Services Budget Request Unit

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Key Performance Measures for FY2003

Measure:
The number of children in state custody longer than 18 months and 36 months.
Sec 79(b)(3) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:
The target for this measure is no child waits longer than 2 years or more to leave state custody

FY2001 1,049 of 1,937 (54 percent) children were in state custody for 18 months or longer.
FY2001 501 of 1,937 (26 percent) children were in state custody for 36 months or longer.

The recommended baseline year is FY2001.

Background and Strategies:

The Federal Review has two related measures that are defined as follows: Median length of stay in foster care and Number of children in care 17 of the most recent 22 months. The division recommends that the same measure for the Federal Review be used for this State measure in the future. The division is working on developing the new data and it will be available by the end of January 2002.

- *Continue Project Succeed and the Adoption Placement Program (Balloon Project).* To reduce the length of time in state custody before achieving permanent placement the Department has dedicated resources and implemented initiatives including Project SUCCEED and the Balloon Project to move children waiting in the system to a permanent home. The Balloon Project workers focus on the "transition list" of children who have been in custody the longest.

- *Promote the Alaska Adoption Exchange.* The Alaska Adoption Exchange promotes earlier identification of children in the system waiting for permanent homes and potential families wanting them. The Exchange also lists potential adoptive families who are considered for placements of special needs children. This also includes children who are not legally free but have termination of parental rights planned and the Division has court approval to register them on the Exchange.

- *Provide training for adoptive parents with special needs children.* Provide training for adoptive parents of special needs children to provide adoptive parents with the skills they need to successfully deal with the special needs of their adoptive children.

- *Implement SNAP, the Simple New Adoption Process.* SNAP, an adoption re-engineering process, will help speed up and streamline the adoption process. SNAP will simplify adoption approval, use technology to expedite the process, and create a team with the Guardian Ad Litem and the Attorney General's office to prepare for termination of parental rights.

- *Continue the Homestudy Project.* The Homestudy Project focus is on completing homestudies for children who are in custody but not yet legally free for adoption. The project prepares the family for the adoption so that when the child is legally free, the adoption can be pursued quickly.

- *Continue Family Support Services.* The Division provides family support services to the child and to the parents to enable the safe return of the child to the family home. Family services include counseling, substance abuse treatment, mental health services, assistance to address domestic violence, visitation with family members, parenting classes, in-home services, temporary child care services, and transportation.

- *Support Child and Family Visitation Centers.* The Division is requesting funding to support family visitation centers. These centers help maintain critical links while parent and child are separated.

Measure:
The number of closed cases in which there is a reoccurrence of maltreatment.
Sec 79(b)(6) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:
The target for this measure is 13 percent by FY2003. The national standard used for this measure in the Federal Review is 6 percent.

FY1999	962 of 4,147 (23.2%) closed cases had a reoccurrence of maltreatment
FY2000	1,212 of 4,592 (26.4%) closed cases had a reoccurrence of maltreatment
FY2001	999 of 4,233 (23.6%) closed cases had a reoccurrence of maltreatment

The recommended baseline year is FY1999.

Background and Strategies:
This measure is the same as one used in the Federal Review. Recurrence of Maltreatment is defined as follows: of all children who were victims of substantiated or indicated (unconfirmed in Alaska) child abuse and/or neglect during the first 6 months of the reporting period, what percentage had another substantiated or indicated report within a 6-month period?

- The Federal Review will provide more of an analysis of why so many children are being re-reported. Once the analysis is completed the division will develop action plan to achieve the national standard of 6%.

Measure:
The percentage of legitimate reports of harm that are investigated.
Sec 79(b)(8) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:
The target for this measure is 100 percent of all legitimate reports of harm will be investigated.

FY1997	73.6 percent
FY1998	77.3 percent
FY1999	78.1 percent
FY2000	88.8 percent
FY2001	90.7 percent

The recommended baseline is FY1997.

Background and Strategies:
Reports of harm are prioritized according to the immediate or potential risk of harm to the child. A priority 1 rating is the most serious and must be responded to within 24 hours from the time the Division receives the report. Priority 2 reports of harm must be responded to within 72 hours of receipt of the report. Priority 3 reports are considered low risk and must be responded to within one week of receiving the report.

Not enough staff seriously effects the Division's ability to respond to all legitimate reports of harm. More staff is needed.

- *More efficient work processes are needed*. The division is working on a new MIS system.

- *Increase the Division's ability to respond to reports of harm.* The Division will continue the Early Intervention for Family Support or Dual Track grant program. The program provides funding to a partner agency to perform intervention and follow-up work for cases that DFYS has assessed as low risk. This program will enable social workers more time to investigate higher priority reports of harm.

- *Improvements in worker and supervisor training continue*. Workers receive training prior to being assigned cases, and then receive specialized and advanced training annually. In FY2001 the Family Services Training Academy delivered 44 training session, representing 252 days of in-service training to DFYS workers. Trained workers are necessary to respond to reports of harm.

- *Implementation of Transcription Services.* Transcription Services, a telephone dictation service, allows social workers to maintain current, accurate case files without increasing the need for internal clerical support. The Division anticipates that workers using the service spend on average 7.5 hours per week less completing paperwork.

Measure:
The turnover rate of the Division of Family and Youth Services staff by region.
Sec 79(b)(9) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:
The target for this measure is 10 percent turnover rate in all regions.

Statewide	FY1998	32.60 percent
	FY1999	32.54 percent
	FY2000	21.53 percent
	FY2001	24.84 percent
Region	Anchorage	29.17 percent
For FY2001	Southcentral	12.73 percent
	Northern	24.75 percent
	Southeast	28.26 percent

The recommended baseline year is FY1998.

Background and Strategies:
There are many reasons why staff leave their jobs. Chief among those reasons include caseload size, relationship with supervisor, and low salary. Caseload size in Anchorage office drove the increase between 2000 and 2001. Caseloads were more than double the national standard. The difficulty in recruitment delayed some hires which caused caseloads to remain high through staff vacancy periods.

In July 2001, the minimum qualifications for social workers changed, now requiring high qualifications to do the same job. The job market is very competitive, making salaries lower than usual for the type of work and qualifications needed.

- *Continue Exit Surveys to all employees who leave their jobs.* Currently all employees who leave their jobs receive a letter from the director and a survey within 30 days of leaving. The information gained from those surveys are gathered and considered for certain trends.

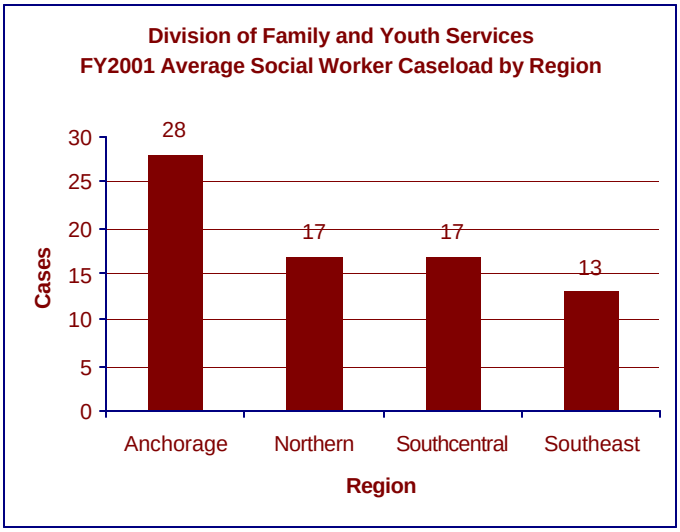
- *Continue to focus on improving supervisory and management skills.* New supervisors are required to attend training one day per quarter during their first year, then quarterly meetings and trainings thereafter. Training for supervisors (and managers) have included the Certified Public Manager, Level I, courses.

- *Continue to use all hiring tools available through Division of Personnel.* Currently the division is using multiple PCN listing, on-call worker program, and continuous recruitment bulletins as tools for hiring.

- *Continue efforts to increase salaries.* Minimum qualifications changed for all social workers through a law that was passed in 1998 (effective July 2001). Higher minimum qualifications mean more difficult recruitment. The salaries have not kept up.

Measure:
The average social worker caseload by region.
Sec 79(b)(10) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:
The Division's target is 15 families per worker.



Background and Strategies:
National caseload standards established by the Child Welfare League were used for comparison. The Child Welfare League's national caseload standard for the Anchorage region is 15. The national standard for the Southcentral Region is 13. The national standard for the Northern Region is 14 and for the Southeast Region 14. The national statewide total is 14 cases per worker. The FY 2001 Southeast Region workload was 13 cases per employee. This represents the average for the region. Although the workload of the field offices such as Juneau, and Ketchikan exceeds the national workload standard, single employee offices has less than the national average resulting in a caseload less than the national average. These single employees offices are crucial to provide services to these communities and often their work in the community reduces the child abuse and neglect.

- *Implementation of Transcription Services.* Transcription Services is a telephone dictation service that allows social workers to maintain current, accurate case files without increasing the need for internal clerical support. The Division anticipates that workers using the service spend on average 7.5 hours per week less completing paperwork.

- *Implementation of the Relative Navigators pilot project*. This pilot project will assist the regional staff and workers in locating adult relatives of children who are in state custody, and will work with these relatives to become foster and adoptive families. The Relative Navigator position will work with the workers to provide information, resources and support to relatives.

- *Continuation of the Adoption Placement Program (Balloon Project).* The Balloon Project provided funding for an additional 14 social worker positions to focus on timely case plans and to provide services to those children that have been in the state's custody the longest.

Juvenile Justice Budget Request Unit

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Key Performance Measures for FY2003

Measure:
The percentage of Juvenile Offenders that Re-Offend.
Sec 80(b)(1) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:
The percentage of Juvenile Offenders during FY2001 that Re-Offended was 56%.

The target for this measure is a re-offense rate of 65%. This was the Alaska statewide average re-offense rate in FY2000.

The Division of Juvenile Justice engaged in a series of involved internal discussions on re-offense measures before establishing the criteria used to produce this performance benchmark. Setting the benchmark to trigger the re-offense count at the point of conviction or subsequent adjudication eliminated those contacts with law enforcement which were dismissed or never pursued by the prosecutor. The established benchmark also excluded minor violations such as fish and game and traffic offenses which are not necessarily always indicative of criminal behavior. The two year time frame set a stringent standard for the Division, but with this time frame as the benchmark, the Division felt the measure was a reliable indicator as to the effectiveness of the Division's efforts to positively impact the non-re-offense rates by those who went through our programs. There is no single, nationally accepted re-offense standard or definition. Jurisdictions around the country vary widely in the way they measure re-offense data. Alaska's definition and re-offense outcome measure was structured in a fashion which the Division believes strikes a balance between what we believe can be reasonably measured while assessing criteria which give the Division, the Legislature and the public a meaningful measure to assess the effectiveness of the Division's programs and services.

Background and Strategies:
This measure consists of the re-offense rates of youth who have been released from a Juvenile Justice long-term treatment facility. A recidivist is a youth who, within 24 months of release from a long-term treatment facility, has obtained either: a new juvenile institutional order or, a new juvenile adjudication or an adult conviction.

Measure:
The percent of ordered restitution and community work service that is paid or performed by the Juvenile Offender.
Sec 80(b)(2) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:
The FY2001 statewide Division of Juvenile Justice amount of Restitution ordered was $349,660 and the amount paid by juvenile offenders was $306,674, or 87.7% of what was ordered.

The FY2001 statewide Division of Juvenile Justice amount of Community Work Service hours ordered was 28,926 and the amount performed by juvenile offenders was 25,616, or 88.6% of what was ordered.

For the restitution measure the benchmark is 79%.
For the community work service measure the benchmarkt is 83%.

Background and Strategies:
This performance measure consists of two components that provide a gauge of the Division of Juvenile Justice's effectiveness with assisting delinquent youth in being accountable to his or her victim and community for their delinquent behavior, as well as the youth providing restoration to his or her victim and community for their delinquent behavior.

This measure consists of:

-The percentage of restitution paid for cases where there was a restitution order (either by the court or the Probation Officer). This measure shall be determined at case closure. Case closures occur when a court order has been given to close a case, a court order has expired, or informal adjustment has been made by the Probation Officer.

-The percentage of community work service performed for cases where there was a community work service order (either by the court or the Probation Officer). This measure shall be determined at case closure. Case closures occur when a court order has been given to close a case, a court order has expired, or informal adjustment has been made by the Probation Officer.

Measure:
The number of escapes from Juvenile Institutions.
Sec 80(b)(3) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:
The following table reflects the institution escapes in FY2000 & FY2001

Division of Juvenile Justice		
Institutional Escapes		
Facility	**FY2000**	**FY2001**
Bethel Youth Facility	1	0
Fairbanks Youth Facility	2	*6
Johnson Youth Center	0	0
Mat-Su Youth Facility	**NA	2
McLaughlin Youth Facility	4	0
Nome Youth Facility	0	0
Total	**7**	**8**

*Four Fairbanks residents escaped during an outing to an Alcoholics Anonymous Meeting.
**The Mat-Su Facility opened in October 2000.

The benchmark for this measure is the average number of escapes that occurred during FY1995 through FY1997: 9.

Background and Strategies:
This performance measure provides a gauge of the Division of Juvenile Justice's effectiveness in providing safety to communities.

This measure consists of the number of youth in Juvenile Justice custody who escape from a Juvenile Justice institution. An escape is defined as an unauthorized departure of a youth from a secure juvenile facility or a secure unit in a facility, or from a direct staff-supervised activity such as court escort, a transfer to another facility, or supervised community activity.

Measure:
The rate of recidivism of youth in the juvenile justice system by region and by race.
Sec 80(b)(4) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:
The following table reflects the rate of recidivism of youth in the juvenile justice system by region and by race.

Division of Juvenile Justice Institutional Recidivism By Region FY2001			
Facility	Baseline*	%	#
Bethel Youth Facility	70%	75%	8
Fairbanks Youth Facility	65%	32%	19
Johnson Youth Center**	NA	NA	NA
McLaughlin Youth Facility	47%	59%	106

Total	65%	56%	133

*The baseline for youth facilities was established by averaging the rates of recidivism for each facility. For McLaughlin Youth Center there is more than ten years of data available. For all of the other facilities there is less data and comparisons should be viewed with caution. Additionally there are wide variations from year to year with McLaughlin data and the overall trend is more significant than any one year of data.

The target for the facilities is to maintain or decrease recidivism from the established baseline which was established at a re-offense rate of 65% in FY 2000 for all DJJ facilities.

**The treatment unit at Johnson Youth Center opened April 1999 and did not release youth until FY2000.

Division of Juvenile Justice
Institutional Recidivism By Race
FY2001

Race	%	#
Caucasian	50%	78
African American	69%	13
Native American	66%	32
Asian/Pacific Islander	40%	5
Unknown	80%	5
Total	56%	133

These percentages should be interpreted with caution as they are based on a small number of occurrences. No statistically significant differences exists in the rate of recidivism by race.

The benchmark for this measure is a re-offense rate of 65%. This was the Alaska statewide average re-offense rate in FY2000.

The Division of Juvenile Justice engaged in a series of involved internal discussions on re-offense measures before establishing the criteria used to produce this performance measure. Setting the benchmark to trigger the re-offense count at the point of conviction or subsequent adjudication eliminated those contacts with law enforcement which were dismissed or never pursued by the prosecutor. The established benchmark also excluded minor violations such as fish and game and traffic offenses which are not necessarily always indicative of criminal behavior. The two year time frame set a stringent standard for the Division, but with this time frame as the benchmark, the Division felt the measure was a reliable indicator as to the effectiveness of the Division's efforts to positively impact the non-re-offense rates by those who went through our programs. There is no single, nationally accepted re-offense standard or definition. Jurisdictions around the country vary widely in the way they measure re-offense data. Alaska's definition and re-offense outcome measure was structured in a fashion which the Division believes strikes a balance between what we believe can be reasonably measured while assessing criteria which give the Division, the Legislature and the public a meaningful measure to assess the effectiveness of the Division's programs and services.

Background and Strategies:
This measure consists of the re-offense rates of youth who have been released from a Juvenile Justice long-term treatment facility. A recidivist is a youth who, within 24 months of release from a long-term treatment facility, has obtained either: a new juvenile institutional order or, a new juvenile adjudication or an adult conviction.

Measure:
The number of juvenile offenders who are maltreated while in state custody.
Sec 80(b)(5) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:
The following table reflects the number of juvenile offenders who were maltreated while in state custody.

Division of Juvenile Justice

Custodial Maltreatment	
Facility or Probation Region	*1st Quarter FY2002
Anchorage Region	3
Southcentral Region	0
Southeast Region	0
Northern Region	1
Bethel Youth Facility	0
Fairbanks Youth Facility	0
Johnson Youth Center	0
Mat-Su Youth Facility	0
McLaughlin Youth Center	1
Nome Youth Facility	0
Total	5

*Covering the period of July 1, 2001 through September 30, 2001.

During an average fiscal year quarter, the Division of Juvenile Justice has approximately 750 youth in custody at some point during the quarter.

Background and Strategies:
This measure consists of the number of Division of Juvenile Justice's youth who are the subject of a report to either the Division of Family Youth Services or a law enforcement agency that alleges maltreatment (i.e., neglect, physical abuse, sexual abuse, abandonment, or mental injury), where the alleged maltreatment occurred when the youth was in the legal custody of the Division of Juvenile Justice, regardless of where the child was placed. Placement could be in a youth facility, foster care home, or in a resident treatment home.

Measure:
The percent of juvenile intakes completed in 30 days or less.

Alaska's Target & Progress:
The following table reflects the percent of juvenile intakes completed in 30 days or less will increase over time.

Division of Juvenile Justice Percent of Referrals that Received a Response With 30 Days			
Probation Region	FY1999	FY2000	FY2001
Anchorage Region	77.0%	82.4% *	78.4% *
Southcentral Region	58.9%	66.6% *	64.5% *
Southeast Region	82.1%	83.8%	85.4% *
Northern Region	67.9%	56.2% *	70.0% *
Total	71.3%	72.3% *	74.1% *

*Indicates that these are preliminary numbers as there are a number of delinquency referrals where an intake decision had not been made as of November 1, 2001.

The benchmark for this measure is 69.9% of the juvenile intakes completed in 30 days or less.

Background and Strategies:
This performance measure provides a gauge of the Division of Juvenile Justice's effectiveness in providing swift action in response to delinquent activity. Swift responses assist the youth in being accountable to his or her victim and community for their delinquent behavior.

This measure consists of the percent of juvenile delinquency intakes where an intake disposition was determined within 30 days from the date the delinquency report was received by the Division of Juvenile Justice.

Measure:
The percent of referrals receiving an active.

Alaska's Target & Progress:
The following table reflects the percent of referrals receiving an active response will improve over time.

Division of Juvenile Justice			
Percent of Referrals that Received an Active Response			
Probation Region	FY1999	FY2000	FY2001
Anchorage Region	94.3%	94.8% *	95.4% *
Southcentral Region	93.3%	94.3% *	94.3% *
Southeast Region	94.4%	92.7%	96.3% *
Northern Region	92.9%	94.1% *	96.6% *
Total	93.7%	94.2% *	96.3% *

*Indicates that these are preliminary numbers as there are a number of delinquency referrals where an intake decision had not been made as of November 1, 2001.

The benchmark for this measure is 92% of referrals receiving an active response.

Background and Strategies:
This performance measure provides a gauge of the Division of Juvenile Justice's effectiveness in providing an active response to delinquent activity. Active responses assist the youth in being accountable to his or her victim and community for their delinquent behavior.

This measure consists of the percent of juvenile delinquency referrals that were met with an active response. Active responses include conferences with the offender and parents, referral for services, informal supervision or formal court action.

State Health Services Budget Request Unit

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Key Performance Measures for FY2003

Measure:
The percentage of two-year-old children in the state who are fully immunized
Sec 81(b)(1) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:
The target by 2010 is 90% of all 2 year olds fully immunized.

The percentage of fully immunized 2-year-olds for calendar year 2000 was 77%.

69% were immunized by the end of 1996.

Background and Strategies:
In 1997, the Department launched a major initiative to increase the rate of fully immunized two-year-olds. In three years, we have jumped up 20 positions, going from 48th to 28th in national rankings. Now, over 75% of our two-year-old children have received their recommended vaccines. The Department successfully implemented the new daycare and school immunization requirements in the fall of 2001, vaccinating all school children against hepatitis A and hepatitis B and all daycare attendees against hemophilus influenza type b and chickenpox.

Measure:
The percentage of families who are qualified for the services of the infant learning program who are enrolled in the program
Sec 81(b)(2) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:
The target for the Early Intervention/Infant Learning Program (EI/ILP) is to eliminate the waitlist by July 1, 2002 and ensure that 100% of eligible or qualified children and families are enrolled in the program. In FY2001, 1737 children were enrolled in the Infant Learning Program and there were 329 children on the waitlist (point-in-time on 6/30/01) for services for a total of 2066 eligible children. During FY2001, 76% of children qualified for services received EI/ILP services during each quarter of FY2001. On 6/30/01, 329 children remained on the waitlist for EI/ILP services.

This was a new measure for FY2000, therefore historical data have not been reported. During FY2000, 1626 children were enrolled in services and 307 were on the waitlist* (point-in-time on 6/30/00) for a total of 1933 eligible children. The average quarterly percentage of eligible children enrolled in EI/ILP services was approximately 72% during each quarter of FY2000. The percentage of qualified children who were enrolled in EI/ILP during each quarter of FY2001 increased approximately 4% from 72% in FY2000 to 76% for each quarter of FY2001.

Background and Strategies:
Since FY1999, the three-year Early Intervention Enhancement and Improvement Opportunity (EIEIO) has enhanced the identification of rural children in need of EI/ILP services, increased services to enrolled children and families, and enhanced the infrastructure of the overall system in order to provide ongoing services to more children and families. A $700.0 GF/MH increment to eliminate the waitlist* became available for FY2002 and has been disbursed to EI/ILP grantees across the state.

*Waitlist = children who have been referred for screening, evaluation and/or enrollment in EI/ILP services and who have not been enrolled within 45 days of their initial referral and are still waiting for these services. Children eligible for Part C should never be waitlisted. Waitlist data are collected and reported point-in-time each quarter and should not be compared to cumulative enrollment during a fiscal year.

Measure:
The rate of Tuberculosis cases by race and region
Sec 81(b)(3) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:
The 2010 target is 6.8 cases per 100,000 population.

Region	FY 2000 Rate per 100,000 Population	Cases
Anchorage/Mat-Su	11.7	37
Gulf Coast	6.8	5
Interior	7.1	7
Northern	76.3	18
Southeast	4.1	3
Southwest	98.8	38
TOTAL	**17.4**	**108**

The number of tuberculosis cases by race: Race for 108 cases – 11 white; 9 black; 71 Alaska Native; 17 Asian or Pacific Islander.

1996 Alaska TB rate = 16.0/100,000 population

Background and Strategies:
Tuberculosis has been a long-standing problem in Alaska and was the cause of death for 46% of all Alaskans who died in 1946. Major efforts, which included 10% of the entire state budget in 1946, led to one of the state's most visible public health successes-major reductions in TB across the state. Now this disease is reemerging and with it the threat of treatment resistant strains of the disease. Inadequate resources to monitor and educate those most at risk have resulted in continual outbreaks. Significant new resources are needed to do the case finding, diagnostic tests and treatment follow-up required to keep the disease in check.

Measure:
The rate of child hospitalizations and fatalities related to injury
Sec 81.(4) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:
The 2010 target is 9.9 injury fatalities per 100,000 0-19 year olds.

Rate of injury fatalities for children 0-19 in 1999 were: 31.7 per 100,000.

Rate of non-fatal injury hospitalizations for Alaskan children 0-19 in 1999 were: 534.8 per 100,000.

Fatalities for children 0-19 in 1996 were: 43 per 100,000
- Homicide 4.8
- Suicide 9.2
- Unintentional Injury 29.0

Child hospitalizations for children 0-19 related to injury in 1996 were: 499.4 per 100,000.
- Intentional injuries 82.6
- Unintentional Injures 416.8

Background and Strategies:
The Alaska Trauma Registry and Vital Statistics systems provide information on deaths and hospitalizations related to injury to children. The Division of Public Health has set targets for FY 2002 for reducing child hospitalizations related to injury to 74 per 100,000 due to intentional injuries and 375 per 100,000 due to unintentional injuries. The data provide very useful information for evaluating and refining child and adolescent injury prevention strategies. Efforts

geared towards putting smoke alarms in every home, having children wear bike helmets, ensuring proper and continual use of car seats and other educational campaigns have likely reduced child fatalities due to injury.

Measure:
The rate of hepatitis C cases
Sec 81(b)(5 Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:
No 2010 targets have been established, since reporting has not been in place long enough to determine a benchmark.

The number of hepatitis C cases in 2000 is 870 case reports from Labs. These tests reflect both newly infected and those who have been infected for some time but are being tested for the first time - so the numbers cannot be used to determine current infection rates.

Reports of positive hepatitis C laboratory tests:

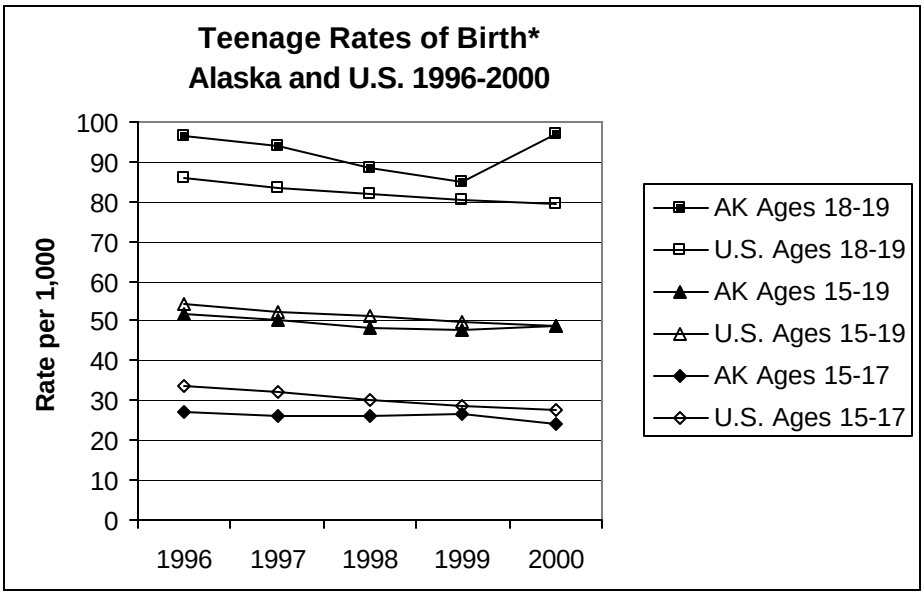
Number of Positive Hepatitis C Laboratory Tests Reported

Year	Number of Positive Tests	Ak Population	# positive tests/100,000 population
1996*	245	605,212	40.5
1997	570	609,655	93.5
1998	1003	617,082	162.5
1999	1196	622,000	192.3
2000	870	626,932	138.8

** 1996 was 1st reporting year*

Measure:
The rate of unmarried and married teen births
Sec 81(b)(6) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:
The 2010 target for births to young teens is 18 per 1,000 girls ages 15-17. This target is changed from all teens (through age 19) to just those 15-17 to reflect that many 18 and 19 year olds are married and may have planned the pregnancy.



Source: Alaska Bureau of Vital Statistics
Rates are per 1,000 females in the stated age group.

Teen Birth Rates: Alaska and U.S., 1996-2000

- From 1996 to 2000, the birth rate of Alaska females ages 15-19 declined by 5.5% (from 51.6 per 1,000 to 48.8 per 1,000). Over the same period, the U.S. birth rate of females ages 15-19 declined by 10.5% (from 54.4 per 1,000 to 48.7 per 1,000).

- The birth rate for Alaska females ages 15-17 fell by over 10 percent (from 26.9 in 1996 to 24.1 in 2000), while the rate for those ages 18-19 was essentially unchanged from 1996 to 2000. Over the same period, the U.S. birth rate for females ages 15-17 fell by 18.6% (from 33.8 to 27.5) and the rate for 18-19 year-olds fell by 7.6%.

- Although Alaska's birth rate for 15-17 year-old teens did not fall as steeply as the U.S. rate, it remained below the U.S. rate throughout the five-year period (1996-2000). On the other hand, Alaska's birth rate for those ages 18-19 was higher than the national rate throughout the same period.

- The birth rate for Alaska's 18- to 19-year-old age group had steadily declined between 1996 and 1999 (from 96.4 to 85.0). About half of the increase in the birth rate in year 2000 for this group is likely due to systemic overestimation of the population in this age group during the years between the 1990 and 2000 U.S. Census.

- The percentage of Alaskan mothers ages 15-19 that were unmarried increased from about 77 percent in 1996 to just over 79 percent in 2000. Nationally the percent of unwed teen mothers increased from about 76 percent in 1996 to just under 79 percent in 2000.

Background and Strategies:
The teen birth rate in 1998 reached the Healthy Alaskans 2000 goal of fewer than 50 per 1,000 girls aged 15-19, down from 66.2 in 1990. Activities to educate on the risks associated with unmarried and teen child bearing, together with increased access to reliable contraception, may have influenced these numbers.

Measure:
The rate of new cases of sexually transmitted diseases
Sec 81(b)(7) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:

1. Chlamydia: Reduce the chlamydia rate to 114 cases per 100,000 by FY 2010.

Year	Rate per 100,000
2000	413
1999	304

Based on current data, the 2001 rate will be higher than the 2000 rate.

2. Gonorrhea: Reduce the gonorrhea rate to 19 cases per 100,000 by FY 2010.

Year	Rate per 100,000
2000	58
1999	49

Based on current data, the 2001 rate will be higher than the 2000 rate.

3. HIV: Reduce the mean annual rate of new Alaska AIDS cases to fewer than 1.0 per 100,000 per year for the period from 2005-2010. The mean annual rate of new Alaska AIDS cases diagnosed from 1996-2000 was 4.4 cases per 100,000 population.

Benchmark Comparisons:
The U.S. chlamydia rate in 2000 was 257.5 cases per 100,000 population. Chlamydia rates for 2000 in Washington, Oregon, Montana and Idaho were 227.0, 214.3, 166.4, and 152.4 per 1000,000, respectively.

The U.S. gonorrhea rate in 2000 was 131.6 cases per 100,000 population. Gonorrhea rates for 2000 in Washington, Oregon, Montana and Idaho were 42.0, 31.3, 6.8, and 7.8 per 100,000, respectively.

AIDS case rates for 2000 for the U.S. as a whole, Washington, and Oregon were 14.4, 8.7, and 6.1 cases per 100,000 population, respectively. Five-year mean annual AIDS case rates would be the most comparable measures for the low prevalence states of Idaho and Montana, but are not available.

Background and Strategies:
Targeted screening and increased disease investigation activities have actually increased the total numbers of STD cases diagnosed. These activities effectively identify infected individuals with no symptoms and also identify and treat exposed individuals before they develop symptoms or further transmit infection. Case numbers are expected to decline over time as these activities reduce the reservoir of infected individuals in the population.

HIV disease investigation activities work with HIV-infected persons to notify their partners of their exposure to HIV and offer them HIV counseling and testing. A small number of individuals are newly diagnosed each year and assisted to access care. Uninfected individuals who have been exposed to HIV are counseled about preventing future infection.

Measure:
Identify Rate of Hepatitis A

Alaska's Target & Progress:
There is no 2010 target for Hepatitis A .

2000 Alaska Hepatitis A Rate = 2.1 per 100,000 (13 cases)

Benchmark Comparisons:
1996 Hepatitis A Rate per 100,000 population = 8.6 per 100,000 (53 cases)

Background and Strategies:

Alaska has suffered from large and recurrent outbreaks of Hepatitis A that has resulted in thousands of cases and numerous hospitalizations over time. Aggressive control activities were not successful until the vaccine became available in the early 1990's. With use of the vaccine Hepatitis A, the disease burden has been greatly reduced. Efforts are still needed to make sure maximum immunization levels are reached and maintained.

Measure:
Identify Rate of Hepatitis B

Alaska's Target & Progress:
There is no 2010 target for Hepatitis B.

2000 Hepatitis B Rate = 2.1 per 100,000 population (13 cases)

1996 Hepatitis B Rate = 2.6 per 100,000 population

Background and Strategies:
Hepatitis B vaccine became available in the early 1980s. Prior to that time Alaska had among the highest rates in the country. Well-organized immunization efforts in the 1980s brought rates to very low levels. Unfortunately because of historically high disease rates, many persons who had Hepatitis B in the past are now suffering from associated disease like cancer of the liver and liver failure. Current immunization efforts must be maintained to keep from "turning back the clock".

Measure:
Decrease Rates of smoking by middle school students

Alaska's Target & Progress:
The 2010 target is no more than 11% of middle school students will report having smoked in the past 30 days.

In 1999, according to the YRBS data, 21% of middle school students reported smoking within the last 30 days. (Sample did not include Anchorage students)

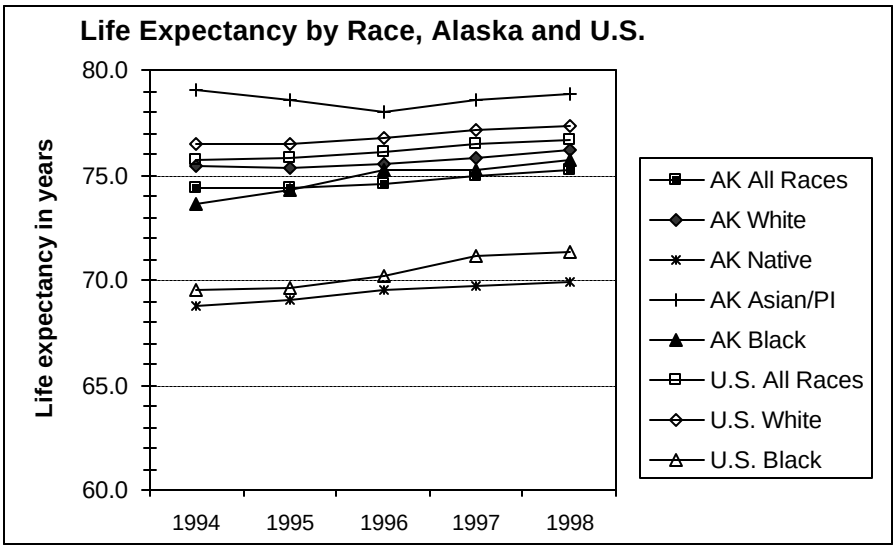
In 1995, according to the YRBS data, 25% of middle school students reported smoking within the last 30 days. (Statewide sample)

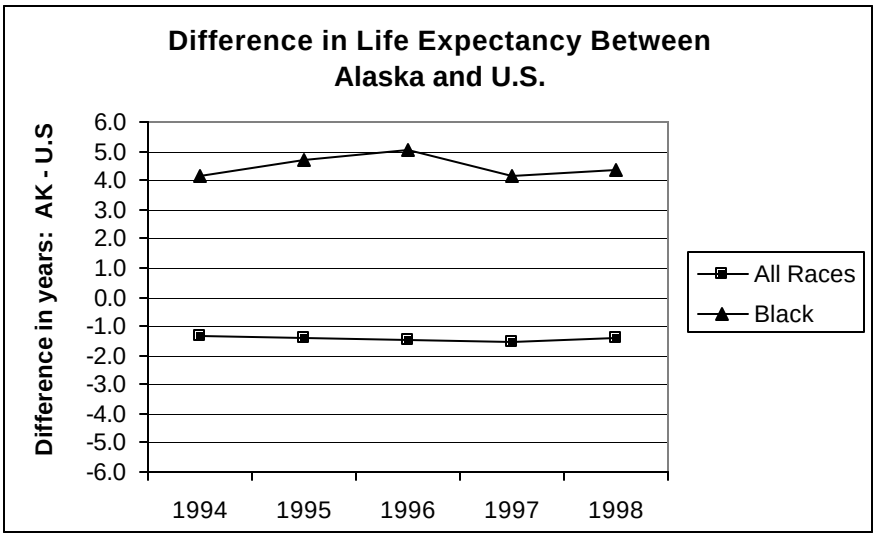
Background and Strategies:
According to information gleaned from the Youth Risk Behavior System (YRBS), between early 1995 and early 1999 there was a 7% decrease in overall current smoking for high school youth in Alaska. During this same period of time there was a 1% decrease in smokeless tobacco use. The new active parental consent law for surveys increased significantly the burden on local school districts. The value of the YRBS data has been compromised as a result of the constraints that the new law imposes on districts and thus no valid data is available for 2000.

The YRBS is a survey tool administered in schools to a random sample of students in various grades. During the 1999 survey, the Anchorage School district did not participate in the survey, so the state 1995 to state 1999 comparisons listed above do not include Anchorage for 1999. Utilizing tobacco settlement dollars and other funds, in an on-going public-private partnership, the Department intends to intensify the effort to decrease smoking and use of smokeless tobacco by youth for the next several years. These efforts will include counter-marketing efforts, enforcement of laws prohibiting sales to minors etc. An increased focus will be related to the use of smokeless tobacco, since the decline in that area has been so minimal.

Measure:
Identify Life expectancy for all Alaskans by race

Alaska's Target & Progress:
The 2010 target is to eliminate disparities by bringing all races to the highest level currently documented.





Source: Alaska Bureau of Vital Statistics and National Center for Health Statistics. Data for Alaska is based on a 3-year average with the years indicated at the bottom of the chart representing the middle year of each three-year period.

Life Expectancy, Alaska and U.S.

- The life expectancy of Alaskans at birth rose by one year, from a three-year average of 74.3 years for 1993-1995 to 75.3 years for 1997-1999. At the national level, life expectancy rose by 1.2 years, from 75.5 in 1994 to 76.7 in 1998.

- Asians/Pacific Islanders had the highest life expectancy (three-year average of 78.8 years for 1997-1999), followed by Whites (76.2), Blacks (75.7), and Alaska Natives (69.9). Life expectancy in Alaska increased for all races other than Asian/Pacific Islander.

- The gap between the races with the highest life expectancy (Asian/Pacific Islanders) and the lowest life expectancy (Alaska Natives) narrowed from 10.3 years (1993-1995) to 9.0 years (1997-1999). The life expectancy gap between Alaska Whites and Alaska Natives narrowed slightly, from 6.7 years to 6.3 years.

- The life expectancy of all Alaskans at birth (based on three-year average of 1997-1999) was about 1.4 years lower than the U.S. life expectancy (in 1998), while Alaskan Blacks had a life expectancy 4.4 years higher than the U.S. life expectancy for Blacks.

For 1996: Life expectancy at birth for all Alaskans = 74.5 years

Alaska Natives	= 69.3 years
White	= 75.4 years

Background and Strategies:
In the last three decades, dramatic increase in life expectancy has been realized by reducing infant mortality across Alaska. Fewer deaths due to infectious disease and injury among children and youth have also contributed to improvement in life expectancy. Continuing to improve birth outcomes, injury prevention, and prevention of chronic and infectious diseases will result in continuation of the trend toward longer life expectancy for the population as a whole, and for Alaska Natives in particular.

Alcohol and Drug Abuse Services Budget Request Unit

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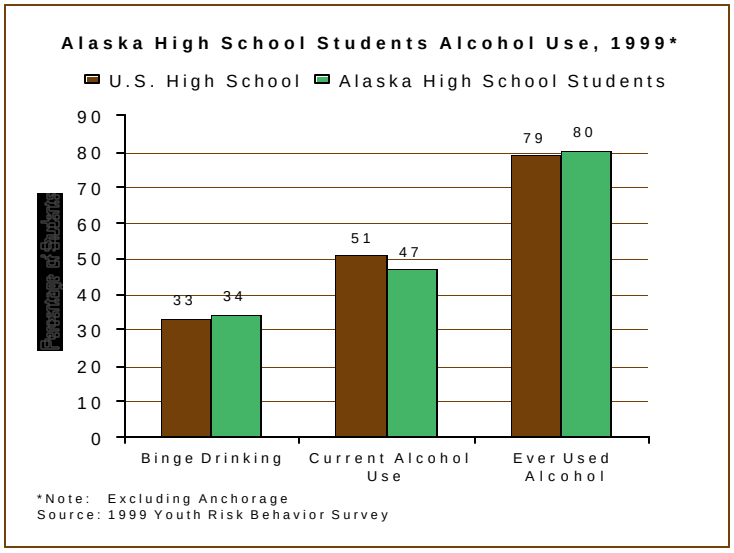
Key Performance Measures for FY2003

Measure:
The rate of binge or chronic drinking by age group.
Sec 82(b)(1) Ch 90 SLA 2001(HB 250)

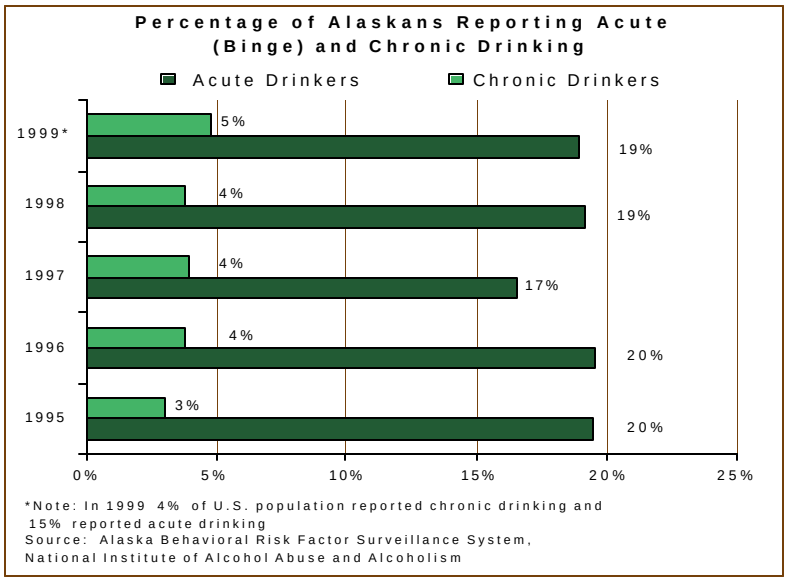
Alaska's Target & Progress:

The following charts show the drinking habits of adults (1995-1999) and youth (1999).



In 1999, according to Youth Risk Behavior Survey (YRBS) data, 46.9 % of high school students reported having had at least one drink of alcohol in the past 30 days. 34.4% reported at least one binge-drinking episode (five or more drinks in a row) in the past 30 days. (Anchorage students not included in the sample).

In 1995, according to YRBS data, 47.5% of high school students reported having had at least one drink of alcohol in the past 30 days. 31.3% reported at least one binge-drinking episode in the past 30 days. (Statewide sample)



In 1995 Alaskans reported 20% acute drinkers and 3% chronic drinkers in the Alaska Risk Behavior Factor Surveillance Survey.

Background and Strategies:
Binge drinking, for the purposes of this survey, refers to drinking five or mores drinks on one occasion, at least once in the month preceding the survey. Chronic drinking refers to drinking an average of sixty or more alcoholic drinks in the month preceding the survey.

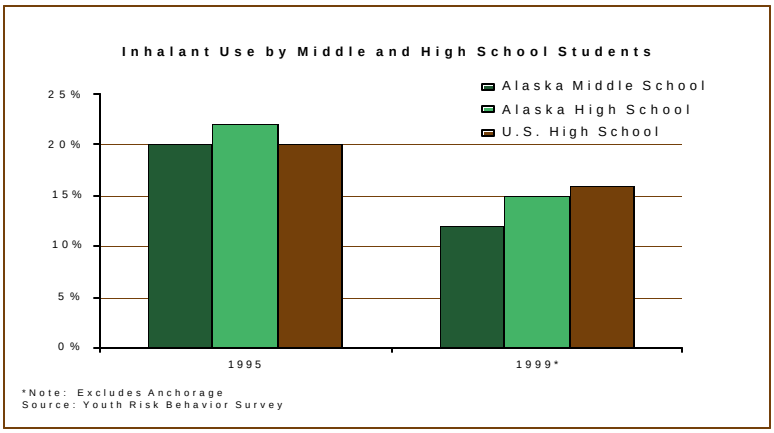
There is a high correlation between these drinking patterns and many of the negative consequences associated with alcohol abuse, particularly medical, family, and employment problems. Excessive alcohol intake is related to 4 of the 10 leading causes of death in the United States.

The impact of this measure will be those services that provide intervention and treatment services to chronic, late stage alcoholics. Early intervention services are also required to impact individuals whose disease progression has not reached the point of chronic or binge drinking.

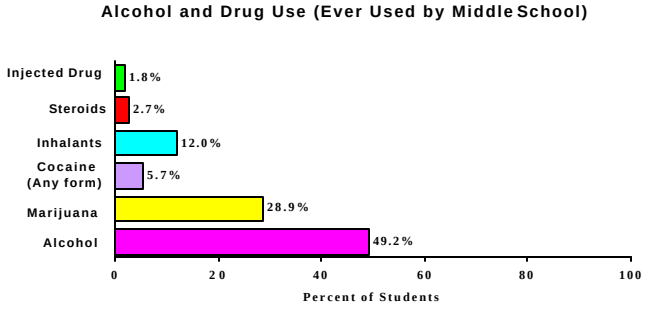
The YRBS is the survey tool that provides information on this measure for youth. The new active parental consent law for surveys increased significantly the burden on local school districts. A sufficient and reliable sample of the state's high school students could not be identified during 2001 under the active parental consent requirement (no figures are available for Anchorage). The measurement of alcohol use among high school students may not be possible in the future, until another method can be devised. Efforts to reduce youth drinking are on-going and varied.

Measure:
The rate of drug and inhalant abuse by age group and region.
Sec 82(b)(2) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:
In 1995, 22% of Alaska high school students reported that they had sniffed an inhalant to get high. In 1999, this percentage had dropped to 15%. This change may be the result of Anchorage not being a part of the 1999 Youth Risk Behavior Survey and is not to be taken as an actual drop in abuse by teenagers. According to the 1999 "Monitoring the Future" study, 19.7 percent of students will have used inhalants at least once in their lifetime.



Eighty percent of the high school students who participated in the 1999 YRBS have used alcohol. Twenty-two percent have used an inhalant by the time they have reached the eighth grade. At least 49 percent of middle school students have experimented with at least one type of drug or alcohol. These numbers may be too low as Anchorage did not participate in the 1999 YRBS.



Background and Strategies:
Teenage years are so vulnerable for our children as they try their new-found worlds. Unfortunately, not all these worlds are places where we would choose to have them venture. The world of experimentation with alcohol and drugs is far too prevalent among our children. It is important that we start prevention and intervention measures while these children are in grade school so they do not become the addicts that society has to care for in adulthood.

Nationally, 29% of those who use inhalants said they started before their 10th birthday. Communities don't know that inhalants, cheap, legal and accessible products, are as popular among primary and middle school students as marijuana. Even fewer know the deadly effects the poisons in these products have on the brain and body when they are inhaled or "huffed." Inhalants can cause permanent damage to the brain, heart, kidneys and liver, and can cause death. It's like playing Russian roulette. The user can die the 1st, 10th or 100th time a product is misused as an inhalant.

The Alaskan teen usage information is collected through the Youth Risk Behavior Survey. The sample that is drawn is meant to be representative of the State and is not designed to be broken out by region. We use the sampling methodology set forth by CDC so that our data is comparable to National data. The whole sampling methodology would have to be changed and would also have to be a much larger sample if we were to have regional data, and the data would not be comparable to National data.

The local school districts have the opportunity to collect school district data and some districts have done that in the

past. Unfortunately, we don't have access to that data unless the school district releases it to us. Additionally, school districts might be a little concerned if we were to start breaking the data down by region because they (districts) might feel that they were being exposed.

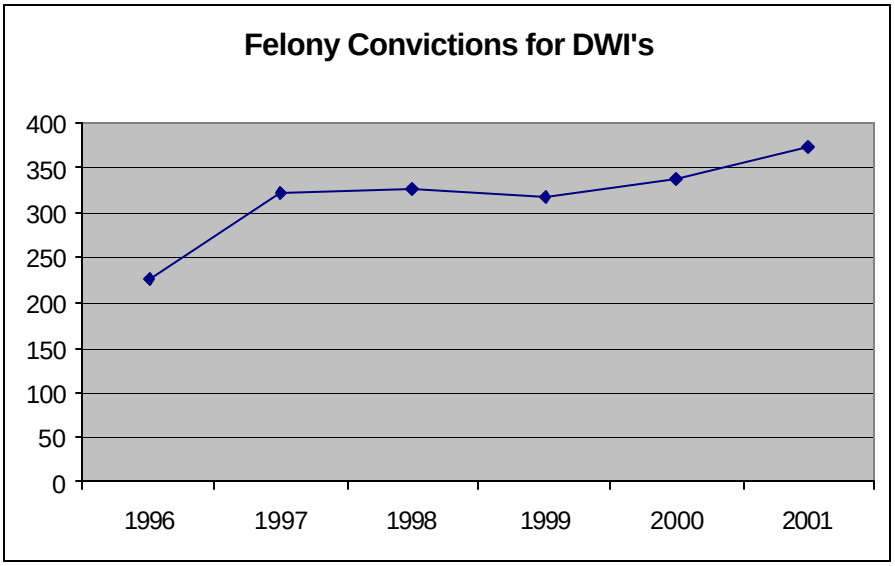
STRATEGIES -

1. In partnership with the Department of Education and Early Development, local school districts, the Alaska Association of School Boards, and advocacy agencies, ADA supports age-appropriate education and skill building to prevent substance abuse by preschool and public school students.

2. Support the Alaska Native wellness (sobriety) movement and the implementation of local option laws.

Measure:
Number of new convictions and the number of repeat convictions in state district and superior courts on charges of driving while intoxicated (DWI).
Sec 82(b)(3) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:
Felony DWI cases have gone up since 1996, when there were 227 DWI convictions. For 1997 and 1998 convictions were 322 and 326 respectively. Convictions for 1999 were 317; for 2000, 337; and for 2001, 373.



Background and Strategies:
Driving while under the influence of alcohol (DWI) is one of the strongest indicators of the negative consequences associated with alcohol misuse. Recent DWI data shows that approximately 45 - 48 percent of all automobile accident fatalities had alcohol or drugs as the major contributing factor. Driving while under the influence of alcohol impacts lives, not only in accidents, injuries, and deaths, but also in family suffering, employment problems, and social functioning.

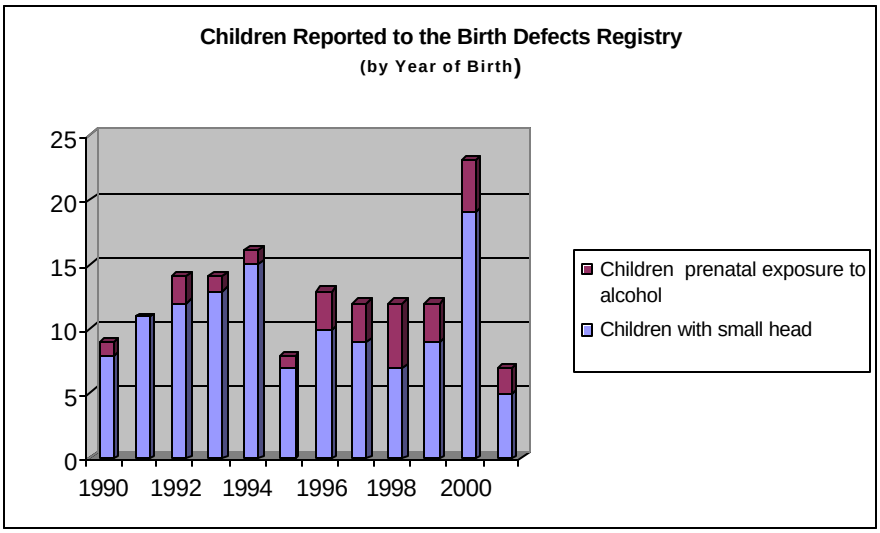
DWI conviction data are collected and maintained by the State of Alaska Court System for both new and repeat convictions. Felony DWI data are included as a separate conviction category in regularly published reports. Misdemeanor DWI conviction data, however, are included with other misdemeanor traffic violations. To improve the measurement of this indicator misdemeanor DWI data should be collected as a separate category.

There are many variables that have an impact on a reduction in the number of DWI convictions, including enforcement efforts and prosecutor caseloads. However, we know that reductions in DWI also correlate with successful prevention efforts, particularly in terms of public awareness of the consequences of DWI. Other strategies used by the Division

include but are not limited to: distribution of useful and effective information to targeted populations; identification of people with problems as early as possible and referral for appropriate services; improvement of interdisciplinary coordination and collaboration at local, regional and statewide levels.

Measure:
Number and rate of infants affected by prenatal exposure to alcohol by region.
Sec 82(b)(4) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:
In October 2001, the Fetal Alcohol Syndrome (FAS) Surveillance Project released new FAS prevalence data for Alaska. At this time, only statewide data is being released, due to the small amount of data for some regions which provides a skewed representation of the true picture. At this time, the FAS prevalence rate for the state is 1.4 per 1,000 live births and 12.6 per 1,000 live births for those at risk for some type of alcohol-related birth defect. These rates are higher than previously reported rates, but they are more accurate due to the increase in our ability to track.



Beginning in June of 2000, newly developed and trained FAS Diagnostic Teams began providing FAS diagnostic services. Currently teams are located in the communities of Bethel, Copper Center, Dillingham, Fairbanks, Anchorage, and Kenai, with three additional teams that will begin providing services in FY02 (Barrow, Kodiak and Anchorage). During FY01, 121 completed FAS diagnoses were performed in our first six communities. It is our expectation that with these increased services, we will see an increase in the number of reports to the Birth Defects Registry. We are currently analyzing the FAS Team data that has been submitted and will have regular reports as new data is provided.

Nine children, who were born in 1990, have been reported to the birth defects registry that were diagnosed as having been prenatally exposed to alcohol or with microcephally or small head.

Because so much of this data is newly tracked and we are continuing to develop the most appropriate methodologies for tracking this disability, we may need to add additional benchmark data as we make progress in better understanding the complexities of an FASD diagnosis and the diagnostic process.

Background and Strategies:
Since 1998, the DHSS Office of FAS and the FAS Surveillance Project have been working in collaboration to establish accurate and reliable data regarding the number and rate of infants affected by prenatal exposure to alcohol, statewide as well as regionally. Prior to 1996, the state had no systematic process for collecting data on children born prenatally exposed to alcohol. Prenatal exposure to alcohol became a reportable birth defect/condition in 1998 through the Alaska Birth Defects Registry (ABDR). Unlike all other birth defects that must be reported within the first year following birth, alcohol-related birth defects (ARBD) can be reported up through the age of six.

In addition to not having a system for tracking alcohol-related birth defects, until 1998 there were few options in the state for obtaining screening and diagnostic services for individuals suspected to have fetal alcohol spectrum disorders (FASD). Since 2000, the state has increased diagnostic services across the state, at the community level with the expectation that we will begin to see an increase in reporting to the Birth Defects Registry. Alaska's 5-year FAS Project has a number of planned activities and projects that will continue to increase public and community awareness about the dangers of drinking alcohol during pregnancy, increase services to individuals and families affected by FASD, and improve our state's overall efforts to prevent FASD and to improve services to families already affected by disabilities associated with prenatal alcohol exposure.

Measure:
Number of new admissions as a percentage of the total admissions to treatment programs for alcohol and drug abuse.
Sec 82(b)(5) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:
In FY2001, the rate of new admissions (2,020) to total admissions to treatment (5,828) was 34.66%.

In FY2000, the ratio of new admissions to the total admissions for treatment was 38.65%. 7,048 clients were admitted to substance abuse treatment as reported in the division's statewide Management Information System (MIS). Of the total admissions, 2,724 were identified as new admissions. New admission means never before admitted to the treatment system in the history of the MIS, which began in 1983.

Background and Strategies:
Alcoholism is a chronic, progressive, but treatable disease. As in all chronic diseases, relapse is a part of the disease process. A client being readmitted to treatment after a period of time in remission is not uncommon. Relapse is defined as "to regress after partial recovery from an illness."

Measure:
Length of time that alcohol or other drug treatment clients are on waiting lists before receiving services.
Sec 82(b)(6) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:
The division is currently working with the grantees to provide the length of time that individual's are on a waitlist on a regular basis. As of July, 2001, the number of people on the wait-lists were:

Program	No. on Waitlist	Bed/Capacity Need
Women w/ Children	61	17
Adult Residential	143	46

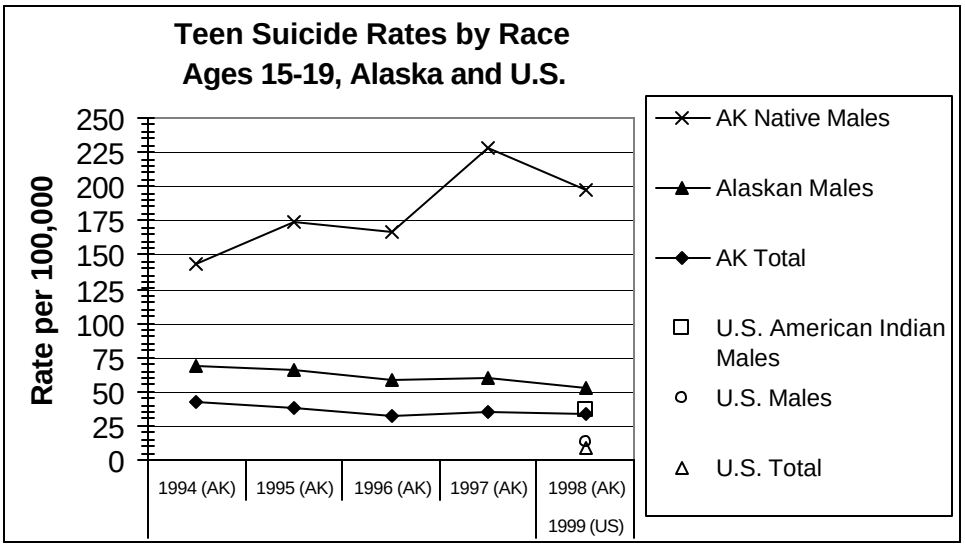
The needed bed/capacity for women with children was calculated based on an average of 100 days in treatment. (365 days per year/100 days per woman for treatment = 3.65 women per bed in one year; 61 women currently on the waitlist/3.65 women per bed = 16.71 beds/year).

Currently the Division's wait list for adult residential programs stands at 143. In addition the DOC states that up to 120 persons per year are discharged needing dual diagnosis residential care. These persons may or may not be on the wait list. This waitlist does not distinguish between levels of care needed. Within this population there is need for short-term, long-term and dual diagnosis treatment.

Background and Strategies:
One of the most important aspects of successful treatment is that person enters the program when they are physically, mentally and emotionally ready. If they are placed on a waiting list, the chances are that they will not get the treatment they need. The result of being on a wait list is that they risk losing the motivation that triggered them to seek out a treatment program in the first place.

Measure:
Teen suicide rate (per 100,000 aged 15-19 years)

Alaska's Target & Progress:



Source: Alaska Bureau of Vital Statistics and National Center for Health Statistics. Data for Alaska is based on a 3-year average with the years indicated at the bottom of the chart representing the middle year of each three-year period.

- The overall teen suicide rate declined in Alaska by over 23%, from a three-year average of 43.1 per 100,000 in 1993-1995 to 33.0 per 100,000 in 1997-1999. Nevertheless, Alaska's teen suicide rate for 1997-1999 was four times the national teen suicide rate for 1999.
- The male teen suicide rate in Alaska declined by 23.4%, from 68.7 in 1993-1995 to 52.6 in 1997-1999. Alaska's average suicide rate for male teens for the three-year period 1997-1999 was nearly four times the national rate of 13.9 (for 1999).
- The suicide rate of male Alaska Native teens for the period 1997-1999 was 197.5, which was 5.4 times that of the group with the highest suicide rate reported nationally in 1999 (male American Indian teens).
- The suicide rate of male Alaska Native teens climbed by 38.8% from 1993-1995 to 1997-1999. There were at least 43 suicides by Alaska Native teens in any consecutive three-year period between 1993 and 1999, resulting in suicide rates ranging from 142.6 per 100,000 (1993-1995) to 227.8 per 100,000 (1996-1998).
- For 1996 the Alaska total teen (age 15-19) suicide rate was 38.3 per 100,000 teen population.

Background and Strategies:
Teen suicide continues to be a major concern in Alaska, being nearly four times the U.S. rate of 9.5 per 100,000 (the level for Alaskans of all ages 23.7 in 1998, about twice the U.S. rate of 10.3). Numerous activities at the state and local level over the past several years have been directed specifically to identifying youth at risk and providing the individual and group education and intervention needed to help prevent/reduce teen suicides.

Community Mental Health Grants Budget Request Unit

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Key Performance Measures for FY2003

Measure:
The percentage of mental health consumers receiving services who show improved functioning as a result of the services.
Sec 83(b)(3) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:
Given the serious nature of chronic mental illness, only limited sustained functional improvement can be expected. The focus of mental health treatment for consumers with the most severe challenge is to maintain their current level of functioning and to avoid the need for inpatient treatment. Realistically we might expect only 20% of this population to actually improve.

An example of a functional improvement is a consumer who seldom ventured out of his or her house who then begins participating in a once-a-week community activity. Another example is a consumer who was hospitalized at API three times during last year and then manages to avoid extreme psychiatric crisis for fifteen months through frequent counseling and medication.

The Division collaborated with a University of Alaska Anchorage research team to develop several surveys that mental health clinicians could use with their patients. These tools measure a mental health consumer's functional level and can be used to make a comparison across time. In a FY01 pilot study of one of these tools, 67 mental health consumers were assessed at the beginning and ending of several weeks of counseling. In 54% of these cases, people reported that they either did not change or their functioning improved, so in fact this was a very positive outcome.

Background and Strategies:
The Division's ARORA mental health data collection system has suffered from grantee connectivity and data submission compliance issues since inception. In late FY01, plans were made to limit the data required and enforce greater submission compliance. To work around the connectivity issue, a higher percentage of grantees have elected to report on paper, which is then converted to electronic data via the State's keypunch contract. During FY02, grantee quarterly advances are dependent upon timely submission of data. As grantees become accustomed to being held accountable, we anticipate obtaining 90-100% submission compliance, thus enabling us to report on the majority of mental health consumers served through the Division, rather than a very small fraction thereof.

BRU/Component: Community Developmental Disabilities Grants

(There is only one component in this BRU. To reduce duplicate information, we did not print a separate BRU section.)

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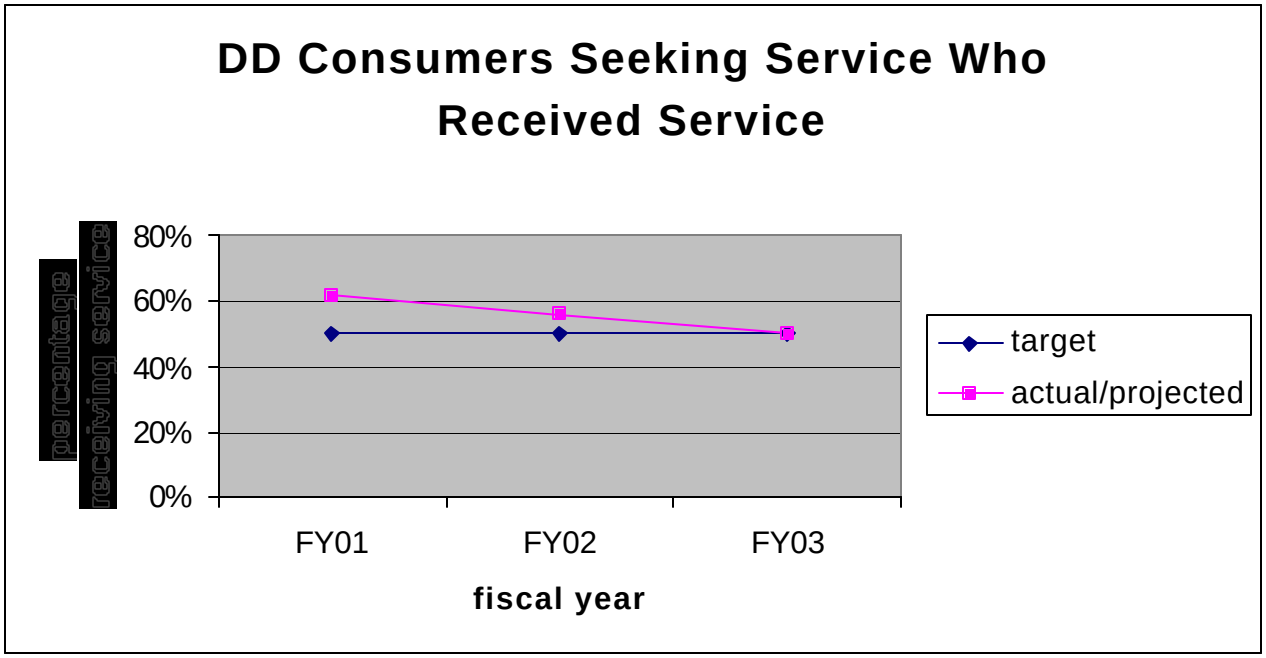
Key Performance Measures for FY2003

Measure:
The percentage of those consumers who seek services for developmental disabilities who receive services at various levels from the division.
Sec 83(b)(1) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:
The Developmental Disabilities (DD) Program target for the percentage of those consumers who seek services for developmental disabilities who receive services at various levels from the division is 50%. If the level of appropriation is maintained at its current amount and the waitlist continues to grow at its current pace, the percentage of consumers who seek services and who will receive services through grants will decline.

To receive funds under the DD program a person must be deemed eligible and be placed on the waitlist. By cross-referencing the waitlist with current program census information submitted by DD grantees, it was determined that 62% of the people on the waitlist in FY 01 received a service or support administered by DMHDD.



The performance measure represents those individuals who remain on the list while receiving services delivered by organizations across the state that receive DD Community Grants administered by the Division. Respite care, core services, or the purchase of special medical equipment are examples the type of assistance available to avert a crisis or delay the need for long-term care.

The measure does not relate to people who are selected and removed from the list to receive more comprehensive services. The measure also does not include individuals removed from the list as a result of obtaining comprehensive services or long-term care through Home and Community Based Waivers.

In prior years this data was collected as a raw total rather than a percentage. In FY00, 2,460 consumers received service through the program's grants and waivers, representing a 26% increase in one year. In FY99, 1,953 consumers received services through the program's grants and waivers.

Benchmark Comparisons:

No known Benchmarks or comparisons exist from other states or similar programs in Alaska. Of the 1,250 individuals on the waitlist at this time, only 251 are over the age of 22. Those younger than 22 are most likely receiving services through Infant Learning Programs (ages 0 – 3) or they are enrolled in special education (ages 3 – 22). While this may lessen the need for more comprehensive services, families report the need for additional supports to care for their children having DD. Also, it may represent good planning on the part of the family so their future needs can be considered.

Background and Strategies:
The DD waitlist demographics and reasons for the growth in the waitlist are summarized in a waitlist report produced for the legislature each year on November 15. Basically, the waitlist grows as a function of improvements in medical technology and practice, population growth, and increased awareness of the benefits of DD services by families with young children. The capacity of provider organizations to deliver services to new people is limited by workforce shortages.

As the role of parents, particularly single parents, changes from being the child's primary care giver to becoming the sole source of income, the demand for paid supports to children with DD in the family expands. There are no readily-available institutional residences in Alaska for people with DD as there once were. Consequently, homes in the community must be developed before an individual can be placed with a provider. That process adds time for the person waiting for services.

Measure:
The average length of time that developmentally disabled consumers are on a waiting list before receiving full services. Sec 83(b)(2) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:
The target level for FY 03 for the average length of time that developmentally disabled consumers are on a waiting list before receiving full services is 3.25 years.

The average length of time that DD consumers were on a waiting list in FY 01 before receiving full services was 3.5 years.

Due to differences in the way states administer DD Programs and manage waiting lists, there are no known comparisons. However, the waiting period in Alaska has been shrinking over the past 3 years. The average wait for individuals selected for comprehensive services or long-term care in FY 01 was 3.5 years, 4.5 years in FY 00 and 5.75 in FY 99. The waiting time averaged over this 3-year period is 4.58 years. Of the 256 individuals removed from the waitlist to receive comprehensive or long-term care services in FY 01, 53% had been on the list for less than 3 years.

The capacity of providers to serve new individuals, workforce shortages, family participation in planning and designing the services they receive, and available resources within the limits of appropriation are all factors that affect how long a person is on the list before they are selected for more comprehensive or long-term care.

Benchmark Comparisons:
Due to differences in the way states administer DD Programs and manage waiting lists, there are no known comparisons.

Institutions and Administration Budget Request Unit

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Key Performance Measures for FY2003

Measure:
The percentage of programs designated by the department that are reviewed for consumer satisfaction.
Sec 83(b)(4) Ch 90 SLA 2001(HB 250)

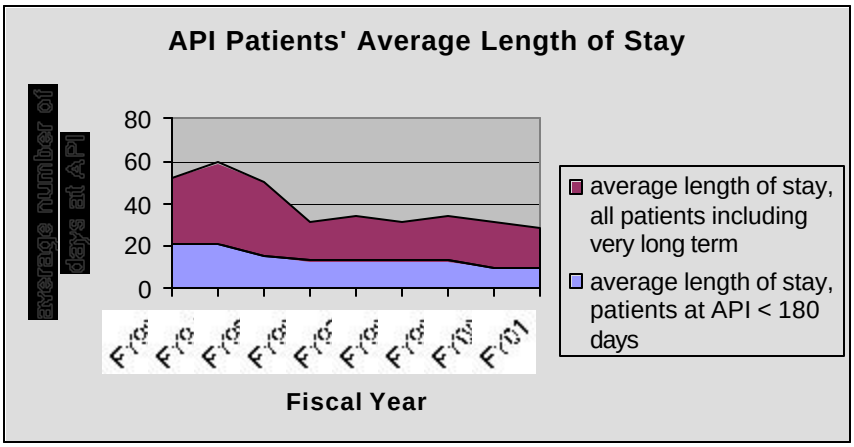
Alaska's Target & Progress:
The Division's target is to achieve and maintain at least a 50% annual review rate for agencies receiving grants through the division for direct client care.

In FY01, 41% of mental health service programs and 46% of developmental disabilities service programs were reviewed for consumer satisfaction. This contrasts with the FY99 data during which 49% of mental health programs and 34% of developmental disabilities programs were reviewed.

Background and Strategies:
The target of reviewing 50% of the designated programs for in FY01 was not met due to the manner programs are identified for review each year. Integrated QA reviews occur in a two-year cycle. For the FY01 and 02 cycle there were a total of 44 programs selected for review. Twenty of these were selected for FY01 while 24 programs were selected for review in FY02. During FY01 one program was closed prior to the review being conducted and another was not reviewed due to their location (Aleutians) in relation to the cost associated with conducting an on-site review. This left 18 programs that were successfully reviewed. The most obvious choices for improvement are to 1) reduce the goal from 50% to a lower, more achievable goal or 2) calculate the number of programs in a manner that excludes those that weren't reviewed if a review was impossible or impractical.

Measure:
The average length of stay at the Alaska Psychiatric Institute.
Sec 83(b)(5) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:
Significant data has been compiled on API over the past few years as a part of the evaluation of the federally-funded Community Mental Health/API Replacement Project. As a result, it has become clear that community mental health providers would prefer that API be able to retain patients experiencing chronic mental illnesses for longer periods of time, so that the patients were more adequately or fully stabilized prior to their discharge back to their community and the community mental health center (CMHC) program with which they are associated. These providers would clearly prefer an average length of stay (ALOS) of more than 10 days.



API's ALOS for FY01 was 10 days for persons at API with stays of 180 days of less. When you include all persons being treated at API, (including those with stays in excess of 180 days) the ALOS rises to 19 days. Since the number of persons at API with stays over 180 days totaled just 34, so it is clear that an ALOS of 10 days applies to the vast majority of the 1,544 patients admitted to API in FY01.

In FY01, API length of stay (LOS) data shows the following:

29% of all persons admitted were discharged from API within 1 day.
21% were discharged within two or three days
22% were discharged within four to 12 days
18% were discharged within 13 to 30 days
7% were discharged within 31 to 60 days
3% were discharged after 60 days.

Thus, 50% of all persons admitted to API were discharged within 3 days, many of whom were first-time admits with substance abuse as well as acute psychiatric concerns at the time of admission.

Another 22% were discharged within 12 days. Hospitalizations of under two weeks are viewed as inadequate for some patients with chronic mental illnesses. From a CMHC's perspective, shorts stays not only fail to provide sufficient treatment time but also do not allow for adequate discharge planning between API, the patient, and the community provider. The provider thinks, in such instances, that the patient is discharged before the local provider has been able to reinstate or find other services to meet the needs of their client. For example, if a patient decompensated, trashed their apartment, and then ended up at API involuntarily, it may not be possible for the provider to find other housing for the client before their discharge within 10 days, thereby requiring the client to find temporary housing at a local shelter or other short-term housing situation which and probably is not the best therapeutic result for the client.

While the State has not yet identified a specific target ALOS, given the comments of community mental health providers, it is clear that a goal of more than 10 days may be appropriate.

It is important to note, however, that it has been the long-term goal of the API Replacement Project that community hospitals develop local capacity to handle resident mental health emergencies so that, over time, API would no longer be required to perform as a psychiatric emergency room. If this were to occur, API would have the bed capacity and staff time to accept secondary and tertiary care patients whose lengths of stay would greatly exceed today's ALOS of 10 days.

Indeed, it was the goal that API accept patients from local hospitals where the patient's mental health treatment needs exceed a projected 14 to 30 days, or to accept any patient where the patient's illness was such that it exceeded local treatment capacity. This remains the long-term goal of the API Replacement Project.

At this time local capacity for hospitalization of persons experiencing a mental health crisis is increasing in certain parts of the State, specifically in Juneau and Fairbanks. Without similar local capacity in private, community hospitals in Anchorage (the major source of API admissions - 72% in FY01), we believe API's length of stay will continue near what it was in FY01.

The opening of Providence Hospital's Single Point of Entry (SPE) in April or May of 2002, as a part of its emergency department and in cooperation with DMHDD's community mental health program, may have some impact on the ability of API to have more appropriate time in which to both treat patients and assist CMHC's in better discharge planning. The SPE will accept patients within the Anchorage bowl experiencing a mental health emergency. It will be able to rapidly assess and refer patients to appropriate services within a 24-hour period. It cannot hold patients for more than 24 hours, however so quick disposition to a variety of local services is an important aspect of the plan.

The increase in local capacity outside of Anchorage and the development of the SPE in Anchorage at Providence Hospital will contribute to API's movement towards its goal of becoming a more tertiary care facility.

Benchmark Comparisons:
Good data on lengths of stay at other public psychiatric hospitals across the country does not exist. While a national database containing such data is presently under development through the auspices of the National Association of State Mental Health Program Director's Research Institute (NRI), NRI has not produced ALOS data for State psychiatric hospitals. The vast majority of public psychiatric hospitals in the nation are reporting a variety of

performance measurement data to NRI, but lengths of stay is not yet one of the performance areas that the NRI is measuring. It may be possible over the next year to seek this information from NRI. Determinations as to data reports are controlled by the mental health commissioners/directors of the 50 states, so it does take some time to get agreement on new initiatives. We know the NRI databank already has the necessary data points to calculate individual hospital average lengths of stay, so it might not be too difficult to get such information in the near future.

Finally, API's very short ALOS is highly unusual for a state psychiatric hospital. The majority of public psychiatric hospitals do not accept emergency admissions, as API does. Most state hospitals only accept admissions during the day and during the normal business week. Generally, local private or county hospitals are responsible for and operate psychiatric emergency rooms as a part of their medical/surgical hospitals or have separate psychiatric facilities in larger cities/counties. State psychiatric hospitals generally only accept very difficult, highly complex patients who require substantive hospitalizations exceeding weeks, months, and in some cases, years.

Background and Strategies:

The Community Mental Health/API Replacement Project was specifically designed to meet the long-term goal of converting API to a secondary or tertiary care facility. The project is presently entering its third year. Its strategy is to create or enhance existing community mental health services in the Anchorage area, thereby reducing admission pressure at API. This approach over time should reduce the use of API for mental health crises. By reducing the number of emergency admissions, it will provide opportunities for more individualized patient care while creating the ability to work more closely with community mental health centers and their/our patients in a treatment program maximizing a recovery approach to treatment, both inpatient at API and outpatient in the patient's/client's community and with the community provider and API working together.

The CMH Project is funding 1) the Providence SPE, 2) additional and enhanced crisis respite/treatment beds through Southcentral Counseling Center's program, and 3) enhanced detox and dual-diagnosis substance abuse treatment beds through the Salvation Army's Clitheroe Center. Further, the project has funded intensive, 24-hour care and housing for some of API's formerly most difficult-to-place persons and has developed and implemented another intensive community-based mental health service through its Recovery by Choice program. All of these programs are designed to meet the goal of reducing admissions to API to assist API in reaching its goal of becoming a more tertiary care hospital.

Mental Health Trust Boards Budget Request Unit

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Key Performance Measures for FY2003

Measure:
The Alaska Mental Health Board (AMHB), Advisory Board on Alcoholism and Drug Abuse (ABADA) and the Governor's Council on Disabilities and Special Education (GCDSE) will provide quarterly reviews of program monitoring processes in conjunction with their regular public meetings. This will occur as part of the quality assurance and/or monitoring effort involving the Division of Mental Health and Developmental Disabilities and the Division of Alcoholism and Drug Abuse.

Alaska's Target & Progress:
In FY 2001, at their quarterly meetings, the Boards conducted their quarterly reviews of program monitoring process.

Measure:
AMHB, ABADA and GCDSE will join the Alaska Mental Health Trust Authority and the Alaska Commission on Aging in the development and implementation of a strategic communications plan that focuses on raising public awareness about beneficiary needs and stigma reduction that supports decriminalization. AMHB, ABADA and GCDSE will provide forums and/or outreach efforts annually that educate stakeholders about priority service delivery needs of beneficiaries and other Alaskans at risk.

Alaska's Target & Progress:
In FY2001, during the Boards collaboration meeting, we identified the need for development and implementation of a strategic communications plan.

Measure:
Number of Trust funded projects and/or initiatives that focus on the needs or at least two of the four beneficiary groups for the boards and council advocate.

Alaska's Target & Progress:
In FY2001, the Boards had two Alaska Mental Health Trust Authority funded projects that focused on the needs of at least two beneficiary groups.

Administrative Services Budget Request Unit

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Key Performance Measures for FY2003

Measure:
The cost of Administrative Services personnel as compared to the cost of the entire Department's personnel.
Sec 85(b)1) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:

	Includes Comm. Office DAS	Total DEPARTMENT	PERCENTAGE
FY00	$5,207.2	$121,253.9	4.29%
FY01	$5,855.3	$128,541.7	4.34%

Benchmark Comparisons:
There are no comparisons at this time.

Measure:
The percentage of grievances and complaints resolved without resort to arbitration.
Sec 85(b)(2) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:
In FY 2000 there were 131 cases and 98% were resolved without arbitration.
In FY 2001 there were 74 cases and 97% were resolved without arbitration.

Background and Strategies:
The number of cases declined from FY2000 to FY2001. This is partly due to the DHSS training that has been given to all supervisors.

Measure:
The average number of days taken for vendor payments.
Sec 85(b)(3) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:
FY2000 = 34 days
FY2001 = 33 days

Background and Strategies:
It is important to note that the average payment days extracted from the accounting system start with the vendor's date listed on invoice. Therefore, the report extracted from the accounting system does not accurately reflect the days it takes a department fiscal office to process a vendor invoice.

Measure:
The percentage of audit exceptions that are resolved.
Sec 85(b)(4) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:
In FY2000 a total of 6 audit exceptions occurred, all of which will be resolved by 6/30/2002.

Background and Strategies:
The State Single Audits are one year behind. The data collected here will be one year later than other targets.

Measure:
The percentage of divisions within the department that meet assigned performance measures.
Sec 84(b)(1) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:
Data not available at this time.

Measure:
The average time taken to respond to complaints and questions that have been elevated to the Commissioner's Office.
Sec 84(b)(2) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:
In FY2001, there were 126 questions and complaints logged into the Commissioner's Office Correspondence Tracking System. The average time to respond to these inquiries was 11 working days.